

UNITED STATES DISTRICT COURT

for the
Southern District of IllinoisSCANNED AT MENARD and E-mailed
11-4-19 by PS 92 pages
date initials No.Brian Doyle B41630

Plaintiff(s)/Petitioner(s)

v.

Steve Ritz M.D. Wexford
Health Sources Incorporated

Defendant(s)/Respondent(s)

Case Number: New Complaint
(Clerk's Office will provide)

19-1210-JPG

☒ CIVIL RIGHTS COMPLAINT

pursuant to 42 U.S.C. §1983 (State Prisoner)

☐ CIVIL RIGHTS COMPLAINT

pursuant to 28 U.S.C. §1331 (Federal Prisoner)

☐ CIVIL COMPLAINT

pursuant to the Federal Tort Claims Act, 28 U.S.C.

§§1346, 2671-2680, or other law

I. JURISDICTION

Plaintiff:

- A. Plaintiff's mailing address, register number, and present place of confinement.

Brian Doyle
menard correction center
P.O. Box 1000
Menard, IL 62259

Defendant #1:

- B. Defendant
- Steve Ritz
- is employed as

(a) (Name of First Defendant)

Utilization Manager

(b) (Position/Title)

with Wexford Health Sources Incorporated

(c) (Employer's Name and Address)

Foster Plaza 4 - 501 Holiday Drive
Pittsburgh, PA 15220At the time the claim(s) alleged this complaint arose, was Defendant #1
employed by the state, local, or federal government? ☐ Yes ☒ No

If your answer is YES, briefly explain:

Defendant #2:

C. Defendant Wexford Health Sources Incorporated is employed as

(Name of Second Defendant)

Health Care Provider

(Position/Title)

with Wexford Health Sources INC.

(Employer's Name and Address)

Same AS Above (Easter plaza 4-507 Holiday drive)
Pittsburgh, PA 15220

At the time the claim(s) alleged in this complaint arose, was Defendant #2
employed by the state, local, or federal government? ☐ Yes ☐ No

If you answer is YES, briefly explain:

Additional Defendant(s) (if any):

D. Using the outline set forth above, identify any additional Defendant(s).

II. PREVIOUS LAWSUITS

A. Have you begun any other lawsuits in state or federal court while you were in prison or jail (during either your current or a previous time in prison or jail), e.g., civil actions brought under 42 U.S.C. § 1983 (state prisoner), 28 U.S.C. § 1331 (federal prisoner), 28 U.S.C. §§ 1346, 2671-2680, or other law? ☐ Yes ☒ No

B. If your answer to "A" is YES, describe each lawsuit in the space below. If there is more than one lawsuit, you must describe the additional lawsuits on another sheet of paper using the same outline. You must list ALL lawsuits in any jurisdiction, including those that resulted in the assessment of a "strike" under 28 U.S.C. § 1915(g) and/or those that were dismissed for being frivolous, malicious, or for failure to state a claim (see 28 U.S.C. § 1915A; 28 U.S.C. § 1915(e)(2); Federal Rule of Civil Procedure 12(b)(6)). FAILURE TO FULLY DISCLOSE YOUR LITIGATION HISTORY, INCLUDING "STRIKES," MAY RESULT IN SANCTIONS THAT INCLUDE DISMISSAL OF THIS ACTION.

1. Parties to previous lawsuits:
Plaintiff(s):

Defendant(s):

2. Court (if federal court, name of the district; if state court, name of the county):

3. Docket number:

4. Name of Judge to whom case was assigned:

5. Type of case (for example: Was it a habeas corpus or civil rights action?):

6. Disposition of case (for example: Was the case dismissed? Was it appealed? Is it still pending?):

7. Approximate date of filing lawsuit:

8. Approximate date of disposition:

9. Was the case dismissed as being frivolous, malicious, or for failure to state a claim upon which relief may be granted and/or did the court tell you that you received a "strike?"

III. GRIEVANCE PROCEDURE

A. Is there a prisoner grievance procedure in the institution? ☒ Yes ☐ No

B. Did you present the facts relating to your complaint in the prisoner grievance procedure? ☐ Yes ☐ No

C. If your answer is YES,

1. What steps did you take? *over 20 years I've
Filed multiple grievances*

2. What was the result? *most I was told that I had
been given the treatment med/ staff deemed appropriate
and most recently I finally received some relief
as described in the back drop of the complaint*

D. If your answer is NO, explain why not.

E. If there is no prisoner grievance procedure in the institution, did you complain to prison authorities? ☐ Yes ☐ No

F. If your answer is YES,

1. What steps did you take?

*I first submitted grievances to counselor, then
grievance officer and exhausted to A.R.B.*

2. What was the result?

See above at A.B.C

G. If your answer is NO, explain why not.

H. Attach copies of your request for an administrative remedy and any response you received. If you cannot do so, explain why not:

IV. STATEMENT OF CLAIM

- A. State here, as briefly as possible, when, where, how, and by whom you feel your constitutional rights were violated. Do not include legal arguments or citations. If you wish to present legal arguments or citations, file a separate memorandum of law. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. If your claims relate to prison disciplinary proceedings, attach copies of the disciplinary charges and any disciplinary hearing summary as exhibits. You should also attach any relevant, supporting documentation.

GENERAL CLAIM

PLAINTIFF CONTENDS THAT FOR 20 YEARS DUE TO PRISON OFFICIALS IN-adequate treatments He has been forced to live with what medical personnel have diagnosed as a chronically "SUPER" INFECTED draining Occipital Scalp wound At the base of HIS NECK (ie right above the neck)

PRESENTATION

PLAINTIFF SUBMITS he will Brief HIS Eighth Amendment VIOLATIONS Towards The Back Drop OF The complaint AS IN THE effort TO make it Easier TO Evaluate HIS CLAIM. PLAINTIFF FIRST Quotes Menard Nurse Practitioner Christine Lindsay (one of PLAINTIFF'S Primary "Treaters") August 30, 2018 " Medical Spectral Services Referral and Report" AS The Report Virtually gives A Global Summary OF PLAINTIFF Plight and/or Reason For Filing The instant CIVIL RIGHTS ACTION

NURSE PRACTITIONER REFERRAL AND REPORT

Referred TO: Wound Care Center TO evaluate and treat
Rationale For Referral: PT has Occipital Wound For 20 years with

1 Back Drop starts At Page SIX LAST Paragraph

Chronic Super Infection with multiple sinus tracks PT is A diabetic
 Last high A1c was 7-25-18 Last eval. by A Surgeon was 2/24/19
 who wanted A Follow up.

FINDINGS: Chronic Occipital infection with draining sinus track
 X 20 years has had AN INCISION / DRAINAGE ON SITE 1999 and 2010
 he has continued to drain off and on in spite of all conservative
 treatment. He has daily dressings changes with each new re opening He
 uses Chlorhexidine Soap for multiple years

ASSESSMENT: Last collegial² From 8/14/18 recommended doxycycline
 for 4-6 weeks. This patient has been treated multiple times with
 multiple Antibiotics including Minocycline, LEVAQUIN, and Bactrim

RECOMMENDATION/PLANS: Request A Wound Care Referral
 for this patient. There is A wound care center located close in
 O'Fallon Illinois Through St. Elizabeths Hospital (END OF Quote
 to 8/30/18 Report

Plaintiff Asserts That Christine Lindsay also submitted A "Med-
 ical Special Services Referral and Report on behalf of the Plaintiff
 ON October 18, 2018 Due to the August 30 2018 Referral being denied
 That is A virtual Duplicate To the August 30 2018 Referral merely
 Adding that Treatments / Listed Above is Just From the Last Two years
 (Exhibit 1 dates 8/30/18 and 10/18/18 AT TWO)

² A collegial is A Referral for special treatment most often off
 Prison grounds

ADDITIONAL MEDICAL BACK GROUND

ON July 6, 2018 Medical Technician Logs IN Plaintiff's medical Records Dressing Change Performed Wound still open with Brown Drainage Inmate States he hasn't seen A Doctor - Very concerned About his wound, I Put him on A Doctor call line to be seen.

ON July 11, 2018 Menard Medical Director Dr. Siddiqui IN Summary logs ... 20 year Chronic Infected Wound has been on Antibiotics For years No Change Noted - Refer - For A Colleague to consider Wide excision

ON October 12, 2018 Nurse Logs Daily head cleaning Wound cleaned with Sterile Saline and betadine no change with wound Fluid Build up still happening and spreading to Face and under eye with no improvement

ON Dates 10/16/18 Through 11/4/18 medical (not always the same staff) Staff Generally logs ... Posterior Scalp Remains Swollen and Tender to touch with Drainage Area cleaned with Betadine solution, with Dressing Applied.

ON November 6, 2018 Staff logs Chronic Soft Tissue Infection x 20 years Occipital Area Now Expanded into Cheeks and Jaw

THE BACK DROP / COUNT ONE

The Following Briefs "Wexford" And Dr. Steve Ritz Conduct For Repeatedly Selecting Blatant ineffective Courses of Treatment Spending For A Number of Years Resulting in the Plaintiff enduring Severe Physical and Psychological Pain. In violation of the Eighth Amendment.

Plaintiff submits that when the DN Site Prison medical Director OR his approved staff (A Nurse Practitioner) submits A Referral For A Prisoner To be treated OFF Prison grounds By A Specialist, it is The Utilization Management Physician³ (often referred to as the "Corporate Director") who Approves OR Denies The Referral, IF The UMP Denies A Referral often times The UMP will order AN Alternative Treatment Plan (ATP) That in most cases will continue to be carried out ON Prison grounds, When A Referral is submitted To The UMP by Prison medical Personnel The Prisoners Relevant medical Records Attaches (EX 1 Date 8/30/18 At 3)

Here The Above Referenced 8/30/18 and 10/18/18 and Several more "Medical Special Services Referral and Report" (Referrals here on) were Repeatedly Denied By Defendant Bitz.

IN denying The Referrals the Defendant's Comments: Were As Follows
Patient with chronic Folliculitis of occipital area with Recurrent Superficial Infection x 20 Years, Multiple draining Sinus tracts. I & D (Incision and drainage) done on site in 1999 and 2010.

No improvement despite conservative measures including chlorhexidine soap for several years, daily dressing changes, multiple Abx including multiple trials of minocycline, Levofloxacin, and Bactrim, culture and saline (L&S) done 7-15-18 after Bactrim x 2 weeks showing many Proteus mirabilis, rare MRSA, many gram positive organisms IN 3 varieties, Few gram positive Rods. Requesting wound care clinic At St. Elizabeths Hospital, Service is Not authorized At this time ATP

³ UMP here on

made to discuss with Dr. Siddiqui (EX 1. Date 9/7/18 see also Date 10/26/18)

Plaintiff Asserts IN the 20 years he has had the above described Serious medical condition He has had Approximately Four IED done ON Prison Grounds. However Prison Staff that ON Prison Grounds They can only Perform "minor" Incision (cuts) into the SKIN which has proven to be ineffective as they cannot cut deep enough C.I.E. Perform A "Full Blown" operation because I would need to be put Asleep via General Anesthesia) and Remove enough OF the infected Tissue TO Finally Cure the infection. Moreover Prison Staff have explained that they would not even be able to close the type of incision I would have after such an incision as I would need A SKIN LIFT (i.e. Plastic Surgery After such An operation). Accordingly Prison Staff HAS submitted Numerous referrals (approximately 8 IN just the last 3 or so years) For Plaintiff TO Seen by A Wound Care Specialist For A Surgery Consultation, Netting only Three Approvals. The First OFF site Surgery Consultation Plaintiff Had was IN December 2016, which was approved By the Defendant ON November 14, 2016 where IN his Comments were Quote 11-11-16 Request For General Surgery Consult and eval. OF occipital Scalp Abscess with Chronic draining Sinus Tracts PMH OF IED IN the Past, without Improvement with Conservative treatment on site approved By Dr. Ritz (EX 1 Date 11/14/16

Plaintiff submit the off site "specialist" Requested For Plastic Surgery Consult Due to the Depth (i.e. severity) of the surgery he would need, which was approved by UMP (Garcia) whose comments: were Quote "Request For Plastic Surgery Consult s/p evaluation by general surgery r/t recurrent infectious scalp cyst with sinus tracts and abscess (chronic), (g) surgeon recommending evaluation by PS ... Approved by Dr. Garcia (EX 1 Date 1/30/17)

Here Both OF the above listed off grounds specialist explained to the Plaintiff and Briefed to Prison officials (the defendant) what needed to be done (A deep wide excision and skin lift) See Med/Records EX 1 dates (most recent) 4/19/18 and 7/11/18) AND MORE IMPORTANT, Both specialist Requested Follow up appointments which Defendant Ritz denied (See EX 1 At 3/06/17 For M's "Comments").

Plaintiff submits Due to the severity of his condition (i.e. infection) Prison staff and the Plaintiff filed An Appeal and Re-submits A Referral Both OF which were again denied by the defendant (See EX 1 dates 4/3/17 Thru 4/5/17 For "Comments").

Plaintiff submits that even after the April 3, 2017 Denial, Approximately Eight more Referrals were submitted FROM then up until the present AND the defendant denied⁴ each one of them Not withstanding that the On site medical director Thoroughly Explained that the ATP Failed (EX 1 Date 9/26/18) CON 11/06/18 Plaintiff's infection became so

⁴ See medical Records dates 11/03/17, 7/20/18, 8/03/18, 8/10/18, 9/28/18

Severe Prison Staff admitted Plaintiff into the infirmary where he had to be placed on an "IV Drip" (See EX 1 At 11/06/18 with staff noting that Plaintiff had infection/swelling in back of head and in his face).

Plaintiff was not discharged from Prison Hospital (Infirmary) until 11/17/18

Plaintiff submits Shortly after being discharged his soft tissue infection returned on 12/11/18 prompting staff to submit yet another referral and appeal to the previous denials of the defendant on Plaintiff's behalf. (On 12/17/18 defendant again denied the referral)

Finally the Plaintiff and Prison Staff wins an Appeal. The Ill. Dept. of Correction releases a medical Memorandum that reads as follows: Date February 13, 2019, To Offender Brian Doyle, B41630. Subject: Collegial Appeal re Offender Doyle B41630. I am in receipt of your letter and as the Acting Health Care Unit Administrator I submitted a Collegial appeal that included your history regarding your medical issue to Dr. Meeks, State Medical Director. Dr. Meeks agrees that you need definitive treatment. Once we receive the authorization number from Wexford you will be scheduled with general/plastic surgeon. Signed Dr. Siddiqui Facility medical Director and Angela Crain RN Director of Nurses (See EX 1 At 3/22/19 see also Exhibit 2 placed behind med/records for memo)

Plaintiff asserts Shortly after winning his Appeal he was sent off site to St. Joseph medical Facility where an Ultrasound was performed cyst/abscess (occipital region scalp) to determine depth

The Findings: Are As Follows Real-time ultrasound examination demonstrates within the occipital scalp and base of the neck, there is a year of subcutaneous heterogeneous fluid, located 9 mm from the skin surface, extends horizontally for 16 cm and Cephalocaudal dimension of 5.3 cm, has a maximum thickness of 8 mm

IMPRESSION 1. Subcutaneous Fluid Collection within the Occipital Scalp As described above. Different diagnosis include, Seroma versus hematoma versus Recurrent Abscess (EX 1 At 6/20/19)

Plaintiff contends that the ultrasound results reveal he had a year of fluid build up not with standing in the year prior to the ultrasound plaintiff. Occipital Scalp Had Repeatedly open on its own and drained within the previous year. Moreover Prison Staff had Perform I & D on Plaintiff's scalp in the preceding year, Plaintiff Point/Premise in support of his medical deliberate indifference claim before the court is that it is obvious even to a lay person that his infection has never been cured for well over a decade (possibly two decades) even the rare times the chronic abscess closed - Rather the "Super Active infections" (cultures repeatedly revealed Plaintiff had several active organisms at one time over the years) merely Laid Dormant

Arguably Plaintiff would should have never been allowed to close with an active "Super infection" in the first place Hence The need for the Plaintiff to have long since Cured years -

ago) been under the care of A wound care specialist. As A Doctor The defendants New Better and Selected Repeated Less EFFICACIOUS courses of treatment for years that were uncontroversially proven to be ineffective long before Plaintiff won his Appeal.

Plaintiff submits his Due Diligence in trying to get adequate treatment includes writing to Wexford Health Sources INC. The Risk Management Department Responded as follows... We are in receipt of your recent letter. Please remember to follow the established Sick Call process and Grievance procedure at the facility to have your medical concerns Addressed. Please be assured that the medical staff at Menard C.C. is comprised of qualified and dedicated professionals who are there to assist medical needs (EX. 3)

Here "Wexford" made the above claim in response to Plaintiff's letter yet the Company Repeatedly Denied Menard C.C. medical staff Repeated Pleas (i.e. Referrals) for Plaintiff to be treated by A "specialist" Although his condition plainly on it's face called for him to be under the treatment of A wound care specialist.

Plaintiff contends that due to the defendant's deliberate interference his Pain is On Going. He suffers From Physical Pain AND Psychological Pain. His daily activities are greatly affected and he has A On Going poor Quality of Life even by Penitentiary Standards. As for two decades he has had to almost continual AFFIX huge Gauze Pad and BandAids to the back of his Head, the hardship of A continual "Dressing" Includes

being uncomfortable. Lack of adequate sleep, Anxiety for prison movements (Yard, Gym, Chow/Dining Room, Commissary ETC) TO EXPLAIN Yard Periods Are Approximately Three hours Thus IF Plaintiff only AFFIXES ONE OR TWO Gauze Pads AND A "BAND AID (i.e. ONE BAND AID) HE FACES A RISK OF LEAKAGE OR THE DRAINAGE BEING PLAINLY VISIBLE THROUGH THE DRESSING. IF Plaintiff AFFIXES NUMEROUS GAUZE PADS HE NEEDS MORE TAPE OR BAND AIDS TO ATTEMPT TO KEEP THE GAUZE PADS IN PLACE. Plaintiff SUBMITS THE "BULK" OF A "MULTI" PAD DRESSING IS UNCOMFORTABLE IT IMPEDES HIS EXERCISE THE PADS IN THE MIDDLE OF HIS DRESSING OFTEN SLIPS OUT OF THE DRESSING OR PARTIALLY SLIPS OUT - PRISONERS COMMENT/ RIDICULED THE PLAINTIFF WHEN HE USES YARD OR GYM EQUIPMENT (FOR EXAMPLE IF THE PLAINTIFF LAYS FLAT DOWN ON A BENCH TO PERFORM BENCH PRESSES PRISONERS HAVE ROUTINELY STATED TO HIM "HEY MAN THAT'S NOT ALRIGHT THAT YOU ARE LAYING YOUR HEAD ON A BENCH THAT EVERYONE ELSE HAS TO USE WITH THAT DRESSING ON YOUR HEAD - YOU CAN SEE THE DRAINAGE STAINS ALMOST SOAKING THROUGH - OR - IT HAS SOAKED THROUGH - WE CAN EASILY CONTRACT WHAT YOU HAVE LIKE THAT"). NO ONE WANTS TO SIT AT A DINING TABLE AND EAT WITH THE PLAINTIFF - HE HAS HAD SEVERAL "RUN INS" (ALTERCATIONS) WITH CELLMATES WHICH HE HAS ALERTED OFFICIALS OF (EX 1 DATE 10/12/18 DEMONSTRATES HE PLEADS WITH STAFF TO BE HOUSED IN A "ONE MAN CELL") & THE ABOVE LISTED IS ONLY THE GIST OF PLAINTIFF'S HARDSHIPS.

COUNT TWO

DETAILS DEFENDANTS STEVE RITZ, AND WEXFORD HEALTH SOURCES

Incorporated Conduct For Exhibiting Deliberate Indifference To Plaintiff Serious medical Need To Be Housed In A 'single man' Cell

As described above, Plaintiff suffers From A Chronic Abscess, And Sharing A Cell With Another Prisoner Has Contributed To Plaintiff Abscess being continually infected. Plaintiff submits IN Prison. (Menard) Prisoners Are allowed to shower two or three⁵ times A week depending upon the unit they are housed, Prisoners must Bath in their Cell Sinks, do Laundry, wash Bowls and cups (i.e. Basic eating utensils) Shoes ETC. Prisoner Are Not allowed to Possess OR Buy Germ Killing Products such As Bleach which would be needed to keep A Cell Sink Germ Free As so to Allow Plaintiff to Wash his Face and affected Area of his head without Being Exposed to Further Infection OR Prolonging the Infection Plaintiff has - The medical presentation above demonstrates that cultures reveal Plaintiff was infected with multiple Organisms AT ONCE ON numerous occasions

Here medical Records (which are written in shorthand) clearly demonstrate Plaintiff ~~CONVEYED~~ TO medical staff He was Having issues with cell mates, that WERE ~~NOT~~ very Hygienic, he was often on the verge of having Physical Altercations, ETC. And he needed to be issued A medical Special needs Permit For A "one man cell"

Here what is so Egregious about The Defendant's Failure To Act is that Plaintiff has been admitted into the Prison Hospital

⁵ During Level one Lock down Prisoners often don't get to shower For the first 7 days and once A week thereafter

For weeks at a time at which point his wound will display some improvement only to turn and be sent to the cell house to be housed with another prisoner (arguably placing him and the uninfected prisoner in harms way)

Plaintiff asserts that the defendants conduct is counter productive to the very treatment orders/instructions they gave in that the defendants gave him sterile dressings, (many over the years) changes only to send him to live in unsanitary conditions and like wise with telling him (Plaintiff) to keep his weight down to control his diabetes, but most of the time Plaintiff wound is so inflamed coupled with heavy drainage due to his being forced to live in unsafe conditions (i.e. with a cell mate) that he is unable to attend yard/gym to carryout the very exercise medical staff have instructed for him to carryout (perform) The reality is often times Plaintiff limited his "recreational" movements because he smells of infection (yet another "hardship") and was avoiding the risk of physical altercations

Plaintiff submits that he routinely has to deal with his fellow prisoners making comments about letting them go first on the phones which are located in the cell houses, gyms, and prison yards (here the Plaintiff could go on and on about the hardships of living with a chronically infected abscess in the back of his head for twenty years). Here Plaintiff's condition plainly called for him to be single celled to prevent such confusions described above (i.e. Plaintiff should not always have

To go back and forth with cellmates about who was he's
up first, who uses the phone first ETC.

COUNT THREE

Wexford Health Sources Incorporated and Steve Ritz Has AN
unconstitutional Practice/Custom of Refusing to Honor
Specialist Treatment Plans

It is well settled State and Federal Law requires Prison
Institutions to provide prisoners with Reasonable medical
care in compliance with Prisoners Eighth Amendment Rights
and that if on site medical staff are not capable of providing
A care (the medical care) that A prisoner needs they (Prison
Officials) must make arrangements for A prisoner to be
Treated by A "Specialist" on or away from Prison grounds
Plaintiff contends that "Wexford" and Defendant Ritz Have
A "Practice of Sending prisoners to see "Specialist" and then
Refusing to carry out their treatment plans which often
times include not even sending the prisoner back for the
Follow up appointments that the "Specialist" Schedule and/or
Request. Plaintiff Premise is that this is A Fraud perpetrated
by the Defendants to make it appear that they are in compliance
with State and Federal Law - However, the reality is that, if

The Defendants are not going to adhere to "Specialist" Treatment Plans, The Defendants in effect masks the fact that they even sent a prisoner to a Specialist in the first place. This is what occurred here and if the Court allows Plaintiff to proceed he will supply the Court with numerous sworn Affidavits with prisoners testifying that the above mentioned has occurred to them (Putting it another way - The defendants make it appear on "Paper" that they are in compliance with the law when it is a facade)

COUNT FOUR

Wexford Health Sources Inc. and Steve Ritz violated Plaintiff's Eighth Amendment Right to receive adequate medical treatment when they refused to carry out the "Specialist" Treatment Plans and refuse to listen to on site medical staff's repeated recommendations

Plaintiff respectfully asks that the Court allow him to incorporate the above Briefings into Count Four by reference. As oppose to been redundant with his presentation

6m

EXHIBITS IN SUPPORT OF COMPLAINT

- 1) Relevant medical Records
- 2) Memorandum/ Grievance Appeal
- 3) Wexford's Response Letter to Plaintiff
- 4) Plaintiff's most recent relevant Grievance

V. REQUEST FOR RELIEF

State exactly what you want this court to do for you. If you are a state or federal prisoner and seek relief which affects the fact or duration of your imprisonment (for example: illegal detention, restoration of good time, expungement of records, or parole), you must file your claim on a habeas corpus form, pursuant to 28 U.S.C. §§ 2241, 2254, or 2255. Copies of these forms are available from the clerk's office.

Request Punitive & Compensatory Damages to be determined in the future as the case is further developed, and for Injunctive Relief with the court ordering that the Plaintiff receives the treatments that wound specialists instruct he needs (the surgery and skin left as describe in the complaint)

VI. JURY DEMAND (check one box below)

The plaintiff ☒ does ☐ does not request a trial by jury.

DECLARATION UNDER FEDERAL RULE OF CIVIL PROCEDURE 11

I certify to the best of my knowledge, information, and belief, that this complaint is in full compliance with Rule 11(a) and 11(b) of the Federal Rules of Civil Procedure. The undersigned also recognizes that failure to comply with Rule 11 may result in sanctions.

Signed on: date Drafted
October 21, 2019
(date)

Brian D Doyle
Signature of Plaintiff

P.O.B 1000
Street Address
Menard, IL 62259
City, State, Zip

Brian Doyle
Printed Name
B41630
Prisoner Register Number

Signature of Attorney (if any)



UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF ILLINOIS
prisoner.esl@ilsd.uscourts.gov

E-MAILED NOV 04 2019

ELECTRONIC FILING COVER SHEET

Please complete this form and include it when submitting any type of document, letter, pleading, etc. to the U.S. District Court for the Southern District of Illinois for review and filing.

Doyle B41630
Name ID Number

Please answer questions as thoroughly as possible and circle yes or no where indicated.

1. Is this a new civil rights complaint or habeas corpus petition? Yes ☒ No

If this is a habeas case, please circle the related statute: 28 U.S.C. 2241 or 28 U.S.C. 2254

2. Is this an Amended Complaint or an Amended Habeas Petition? Yes ☒ No

If yes, please list case number: N/A

If yes, but you do not know the case number mark here: _____

3. Should this document be filed in a pending case? Yes ☒ No

If yes, please list case number: N/A

If yes, but you do not know the case number mark here: _____

4. Please list the total number of pages being transmitted: 92

5. If multiple documents, please identify each document and the number of pages for each document. For example: Motion to Proceed In Forma Pauperis, 6 pages; Complaint, 28 pages.

Name of Document	Number of Pages
- Complaint	20
- Exhibits	65
- Notice of Filing	1
- Motion to Proceed Without Costs	6
- Trust Fund Statements & Certification	

Please note that discovery requests and responses are NOT to be filed, and should be forwarded to the attorney(s) of record. Discovery materials sent to the Court will be returned unfiled.

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Center

Offender Information:

Doyle

Last Name

Brian

First Name

MI

ID#:

B41630

Date/Time	Subjective, Objective, Assessment	Plans
8/27/09 1:05	MD NOTES	
WT 208 lb BP 128/84 P 70 R 18 T 99	S: I have an open sore at the back of my head. O: A chronic open sore of the occipital scalp. Probable infected sebaceous cyst with spontaneous rupture with constant drainage. A: Possible chronic draining infected sebaceous cyst.	for possible excision of chronic draining sebaceous cyst. under local anesthesia. For excision of chronic infected cyst 8/29/09. S. NWAOBASI M.D. [Signature]
8/28/09	MD NOTES	See in 2 weeks
9:30 AM	Pre-op Dx: Chronic Draining Abscess ulcer Occipital Scalp	Vibramycin 100mg i
128/86 74/18 98/8	Post-op. Same Opn: Debridement of Abscess ulcer Wound Culture Iodoform wound packing	po BID x 14 days Motrin 400mg ii po BID x 10 days Lay in. for 5 days Dressing change every other day

COPY

S. NWAOBASI

M.D.

ILLINOIS DEPARTMENT OF CORRECTIONS
Offender Outpatient Progress Notes

RECEIVED
AUG 17 2018

Center

Offender Information:

Last Name

First Name

MI

ID#:

B 411630

Date/Time	Subjective, Objective, Assessment	Plans
9-3-9	RN NOTE S- d	P-CPM
9Am	O-For drug A - cleaned & US + Bandaid applied A-Drug A	Emergency
9/4/09 10Am	RN NOTE S: Sched for W line for flw open sore O: No need to see today. Should already have flw appt in 1 week. A: not seen	P: Cont drug A as ordered. flw in 1 week as previously scheduled Snatch GW
9/6/09 1130A	Cut side S) Inadequate sched for drug A O) Area cleaned & H ₂ O ₂ & sls of appli- A) Drug A	P) Area not healed yrl. will see H.P. A. J.

COPY

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard

Center

Offender Information:

Doyle

Last Name

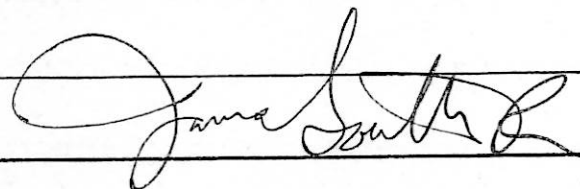
Brian

First Name

ID#:

B41630

Date/Time	Subjective, Objective, Assessment	Plans
2/6/16	R/note	
9 AM	S - "It don't drain nothing" O - I/m seen on nurse sick call for dressing etc abcess to back of neck. Area is size of pen head that is open that is white + firm + S drainage but skin around this is firm & swollen for approx 5-6 cm around this head. I/m instructed not to scratch it + to keep it covered at all times	P - Refer to MD for I+D of area
	A - Suspect MRS A infection	



ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

MCC

Center

RECEIVED

AUG 17 2019

Offender information:

Dofe

Last Name

Brian

First Name

MI

ID#:

B41630

Date/Time

Subjective, Objective, Assessment

Plans

2/7/16
8:50am

EN Note

S) 8

I/m seen in outpatient line for dressing change.

Bumps to back of neck are getting smaller.

No drainage noted at this time. Area cleaned

w/ Betadine and normal saline - refused band-

aid to cover. Will

cont to monitor.

A) Dressing change

p) Cont'd dressings changes as ordered.

Kirk Kul

(43)

RECEIVED

DEC 11 2019

MENARD CC
GRIEVANCE OFFICE

EX 1 Date 11/14/16

WEXFORD HEALTH SOURCES INCORPORATED

To: Site Medical Director & HSA

From: Utilization Management

DELIVERED NOV 14 2016

Date/Time: 11/14/2016 08:20:17

Subject: Inmate Name: DOYLE, BRIAN

Inmate Number: B41630

Site: MENARD

Service:

99203 OFFICE/OUTPATIENT VISIT NEW

Authorization ID: 995438753

Based upon a review of the information provided, Service is Approved.

Comments:

11-11-16 Request for general surgery consult and evaluation of occipital scalp cyst/abscess with chronic draining sinus tracks, PMH of I&D in the past, without improvement with conservative treatment onsite approved by Dr. Ritz in collegial with Dr. Trost. No IQ.

From:

Dedicated Utilization Management

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Foster Plaza4 - 501 Holiday Drive - Pittsburgh, PA 15220
877-939-2884 or 800-353-8384 - Phone
412-937-9151 - Fax

WWW.WEXFORDHEALTH.COM

Date 1/30/17

WEXFORD HEALTH SOURCES INCORPORATED

To: Site Medical Director & HSA

From: Utilization Management

DELIVERED JAN 30 2017

Date/Time: 01/30/2017 08:39:21

Subject: Inmate Name: DOYLE, BRIAN

Inmate Number: B41630

Site: MENARD

Service:

99203 OFFICE/OUTPATIENT VISIT NEW

Authorization ID: 253292932

Based upon a review of the information provided, Service is Approved.

Comments:

1-27-17 Request for Plastic Surgery consult s/p evaluation by general surgery r/t recurrent infectious scalp cyst with sinus tracts and abscess (chronic), GS recommending evaluation by PS approved by Dr. Garcia in collegial with Dr. Trost. No IQ.

From:

Dedicated Utilization Management

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412-937-9151 - Fax

WWW.WEXFORDHEALTH.COM

Merid

Apple
Last Name

First Name: John

11. 11. 11.

Plans

2/6/17 Rn Note

~~2/11/11~~ 5:0

8:30 PM: Decree Status Complete

Med Dulcova Sched. for
Lincoln Sugar

21/ Medbury

P. Howard E.

Med. Dunderberg

Duke

ILLINOIS DEPARTMENT OF CORRECTIONS

Medical Special Service Referral Denial or Revision

Offender's Name: Doyle, Brian ID# B41630

Referral Date: 3-2-17

Initial Proposed Course of Action: Your case was discussed in collegial by Dr. Trost for a plastic surgery follow up.

Alternative Care Recommended: Dr. Ritz, Wexford UM, had denied this referral. Dr. Ritz would like case to be evaluated on-site by Dr. Trost to ensure current treatment is controlling symptoms. Re-visit case in one month.

The offender has the right to appeal any adverse decisions through the grievance procedure outlined in 20 Ill. Adm. Code 504: Subpart F.

R. Matticks M.D.

Print Facility Medical Director's Name



Facility Medical Director's Signature

3/21/17

Date

Distribution: Offender, Offender's Medical File, and
Health Care Unit Administrator

(Printed on Recycled Paper)

DOC 0255 (Eff.4/2007)

3/6/17

WEXFORD HEALTH SOURCES INCORPORATED

To: Site Medical Director & HSA
From: Utilization Management
Date/Time: 03/06/2017 16:37:07
Subject: Inmate Name: DOYLE, BRIAN
Inmate Number: B41630
Site: MENARD
Service:

DELIVERED MAR 07 2017

99213 OFFICE/OUTPATIENT VISIT EST

Based upon a review of the information provided, it is my medical opinion that:

1. The above requested service is not authorized at this time based on the following:

OTHER TREATMENT PLAN

Comments:

IM pt. with recurrent infectious scalp cyst with sinus tracts and abscess (chronic). Referred to Plastics by gen surg. Was seen by Plastics 2/24/17, no surgical intervention; recommended conservative treatment and f/u. Discussed in collegial with Dr. Ritz and Dr. Trost. Alternative plan made to evaluate on site and ensure that current treatment is effective at managing symptoms. Will re-evaluate in one month.

From: _____
Dedicated Utilization Management Physician

2. _____ Appeal Filed (Date/Time)
 - a. Appeal Information

Signature of Appellant

- b. Appealed Decision:

From: _____
Dedicated Utilization Management Physician

5. _____ I want a second opinion of the denied appeal.
Signature: _____ Date/Time: _____
6. _____ I will re-consult upon completion of alternate medical plan, if indicated.
Signature: _____ Date/Time: _____

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WWW.WEXFORDHEALTH.COM

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional

Center

Offender information:

Donle
Last NameBrian
First Name

ID#:

B41630

Date/Time	Subjective, Objective, Assessment	Plans
3/6/17	Med Furlough Clerk Note: 1210P PIt was presented to collegial for a plastic surgery F/U. Referral denied. Dr. Ritz, Wexford UM, wants pIt to be re-evaluated in early April to see if medication is working and if F/U is needed. Christa Mahl Med Furlough Clerk	
3/17/17	Ru Note 7:30A S: S Di. mdr for Collegial Review of Surgery Not Seen No Planned At mdr	P/ Rensy E. Hensy

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional Center

AUG 17 2018

Offender Information:

Doyle

Last Name

Brian

First Name

MI

ID#:

B411630

Date/Time

Elizabeth A. Renaker-Jansen, D.O.

PHYSICIAN AND SURGEON
340 WEST LINCOLN, SUITE 500
BELLEVILLE, ILLINOIS 62220
Phone Office: (618) 277-7400

FOR

Brian Doyle

ADDRESS

DATE

2/24/17

R Doxycycline 100mg
Sig: $\frac{1}{2}$ tab po bid x2 wks

Disp # 28

☐ MAY NOT SUBSTITUTE☒ MAY SUBSTITUTE

M.D.

REFILL:

NON.	TIMES	AD. LIB.

Elizabeth A. Renaker-Jansen, D.O.

PHYSICIAN AND SURGEON
340 WEST LINCOLN, SUITE 500
BELLEVILLE, ILLINOIS 62220
Phone Office: (618) 277-7400

N 2
1-66

FOR

Brian Doyle

ADDRESS

DATE

2/24/17

R Chlorhexidine body
wash

Sig: wash with smls
daily to posterior
scalp

Disp #1 bottle

☐ MAY NOT SUBSTITUTE☒ MAY SUBSTITUTE

M.D.

REFILL:

NON.	TIMES	AD. LIB.

Distribution: Offender

DOC 0084 (Eff. 9/2002
(Replaces DC 7147)

45

ILLINOIS DEPARTMENT OF CORRECTIONS
Medical Special Service Referral Denial or Revision

Offender's Name: Doyle, Brian ID# B41630

Referral Date: 4-3-17

Initial Proposed Course of Action: Your case was re-discussed in collegial for a plastic surgery follow up.

Alternative Care Recommended: Dr. Ritz, Wexford UM, has reviewed this referral and has recommended patient continue current treatment onsite.

The offender has the right to appeal any adverse decisions through the grievance procedure outlined in 20 Ill. Adm. Code 504: Subpart F.

Dr. Siddiqui
Print Facility Medical Director's Name

H. Siddiqui
Facility Medical Director's Signature

4-10-17
Date

Distribution: Offender, Offender's Medical File, and
Health Care Unit Administrator

(Printed on Recycled Paper)

DOC 0255 (Eff. 4/2007)

4/4/17

WEXFORD HEALTH SOURCES INC.

To: Site Medical Director & HSA
From: Utilization Management
Date/Time: 04/04/2017 16:13:13

RECEIVED APR 05 2017

Subject: Inmate Name: DOYLE, BRIAN
Inmate Number: B41630
Site: MENARD
Service: 99213 OFFICE/OUTPATIENT VISIT EST

Based upon a review of the information provided, it is my medical opinion that:

1. The above requested service is not authorized at this time based on the following:

OTHER TREATMENT PLAN

Comments:

IM pt. with recurrent infectious scalp cyst with sinus tracts and abscess (chronic). Referred to Plastics by gen surg. Was seen by Plastics 2/24/17, no surgical intervention; recommended conservative treatment and f/u. Discussed in collegial with Dr. Ritz and Dr. Trost. Alternative plan made to evaluate on site and ensure that current treatment is effective at managing symptoms. Will re-evaluate in one month.

From: _____
Dedicated Utilization Management Physician

-
2. ☒ Appeal Filed (Date/Time) 04/04/2017 09:26:06

a. Appeal Information

Supporting information received. Case reviewed by Dr. Ritz. ATP to continue current treatment onsite. Return to collegial with worsening of symptoms.

Signature of Appellant

- b. Appealed Decision: DENIAL 03/06/2017

From: _____
Dedicated Utilization Management Physician

5. ☐ I want a second opinion of the denied appeal.

Signature: _____ Date/Time: _____

6. ☐ I will re-consult upon completion of alternate medical plan, if indicated.

Signature: _____ Date/Time: _____

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WWW.WEXFORDHEALTH.COM

Offender Outpatient Progress Notes

Menard Correctional

Center

AUG 17 2018

Offender Information:

Doyle

Last Name

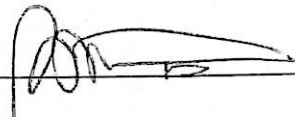
Brian

First Name

MI

ID#:

B411430

Date/Time	Subjective, Objective, Assessment	Plans
4/5/17	Med Furlough Clerk Note:	
1220P	PH case was reviewed again for a plastic surgery FU. Case was reviewed by Dr. Tutz, Wexford Uni, and was recommended to continue current tx onsite. C Mahnken, Med Furlough Clerk	
4/7/17	M.D. JR	
1225	S/OA reviewed ATP	P: please schedule next 2 wk to re-eval
		
		R. Matticks M.D.

RECEIVED

DEC 11 2018

MENARD CO
GRIEVANCE OFFICEDOC 0084 (Eff. 9/2002
(Replaces DC 7147))

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional

Center

AUG 17 2019

Offender Information:

Doyle

Last Name

Brian

First Name

MI

ID#: 1341630

Date/Time	Subjective, Objective, Assessment	Plans
10/27/17	No Hidradenitis Folliculitis	
140/90	2 recurrent abscesses	
98% 81	Previously seen by Surgeon advised	
18	Excision	
#230	Desires to see Surgeon	
	O/E Large Skin Folds	
	Occipital area	
	No Active Infection	
	Refer to Colloidal	
	Adler	

RECEIVED

DEC 11 2018

MENARD
GRIEVANCEDOC 0084 (Eff. 9/2002
(Replaces DC 7147))

Distribution: Offender's Medical Record

35
Printed on Recycled Paper

28

WEXFORD HEALTH SOURCES INC.

To: Site Medical Director & HSA
From: Utilization Management
Date/Time: 11/03/2017 15:47:09

Subject: Inmate Name: DOYLE, BRIAN
Inmate Number: B41630
Site: MENARD
Service:

99213 OFFICE/OUTPATIENT VISIT EST

Based upon a review of the information provided, it is my medical opinion that:
1. The above requested service is not authorized at this time based on the following:

OTHER TREATMENT PLAN

Comments:

IM pt. with recurrent infectious scalp cyst with sinus tracts and abscess (chronic). Referred to Plastics by gen surg. Was seen by Plastics 2/24/17, no surgical intervention; recommended conservative treatment and f/u. Discussed in collegial with Dr. Ritz and Dr. Trost. Alternative plan made to evaluate on site and ensure that current treatment is effective at managing symptoms. Will re-evaluate in one month.

From: _____
Dedicated Utilization Management Physician

2. X Appeal Filed (Date/Time) 11/03/2017 10:50:37

a. Appeal Information

Request for Plastics F/U reviewed in collegial between Dr. Smith and Dr. Siddiqui. ATP made to continue conservative management onsite. Plastics recommended no surgical interventions at last visit.

Signature of Appellant

b. Appealed Decision: DENIAL 03/06/2017

From: Dr. Smith
Dedicated Utilization Management Physician

3. I want a second opinion of the denied appeal.

Signature: _____ Date/Time: _____

4. I will re-consult upon completion of alternate medical plan, if indicated.

Signature: _____ Date/Time: _____

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WEXFORD HEALTH SOURCES

Case resolved during 8/11/18
collegial.

To: Site Medical Director & HSA
From: Utilization Management
Date/Time: 07/20/2018 15:32:45
Subject: Inmate Name: DOYLE, BRIAN
Inmate Number: B41630
Site: MENARD
Service:

ATP'd for Chlorhexidine soap
to area daily and Doxycycline
x 4-6 weeks.

99213 OFFICE/OUTPATIENT VISIT EST

Based upon a review of the information provided, it is my medical opinion that:

1. The above requested service is not authorized at this time based on the following:
OTHER TREATMENT PLAN

Comments:

patient with chronic folliculitis of occipital area with recurrent superactive infection. Eval'd by Plastics 2-24-17; recommended conservative management. No surgical intervention done at that time.

Request for Plastics eval reviewed by Dr. Ritz. ATP made to discuss at next collegial with current exam details.

From: Dr. Ritz
Dedicated Utilization Management Physician

2. ☒ Appeal Filed (Date/Time)
a. Appeal Information

8/11/18 9A -
Chronic infection
scalp - evaluate for
surgical excision

Dr. Ritz, M.D.
Signature of Appellant

From: _____
Dedicated Utilization Management Physician

5. I want a second opinion of the alternate plan.
Signature: _____ Date/Time: _____
6. I will re-consult upon completion of alternate medical plan, if indicated.
Signature: _____ Date/Time: _____

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Appeal Denied ATP upheld
8/19/18
[Signature]

WEXFORD HEALTH SOURCES INC.

To: Site Medical Director & HSA
From: Utilization Management
Date/Time: 08/03/2018 15:25:39

DELIVERED AUG 06 2018

Subject: Inmate Name: DOYLE, BRIAN
Inmate Number: B41630
Site: MENARD
Service:

99213 OFFICE/OUTPATIENT VISIT EST

Based upon a review of the information provided, it is my medical opinion that:
1. The above requested service is not authorized at this time based on the following:

OTHER TREATMENT PLAN

Comments:

patient with chronic folliculitis of occipital area with recurrent superactive infection. Eval'd by Plastics 2-24-17; recommended conservative management. No surgical intervention done at that time.

Request for Plastics eval reviewed by Dr. Ritz. ATP made to discuss at next collegial with current exam details.

From: _____
Dedicated Utilization Management Physician

2. X Appeal Filed (Date/Time) 08/03/2018 09:57:54

a. Appeal Information

Case reviewed by Dr. Ritz. Discussion needed. Site unable to do collegial discussion this week. Plan made to discuss during collegial next week.

Signature of Appellant

From:

Dr. Ritz
Dedicated Utilization Management Physician

5. ___ I want a second opinion of the alternate plan.

Signature: _____

Date/Time: _____

6. ___ I will re-consult upon completion of alternate medical plan, if indicated.

Signature: _____

Date/Time: _____

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WWW.WEXFORDHEALTH.COM

WEXFORD HEALTH SOURCES INC.

To: Site Medical Director & HSA
From: Utilization Management
Date/Time: 08/10/2018 15:46:52

DELIVERED AUG 13 2018

Subject: Inmate Name: DOYLE, BRIAN
Inmate Number: B41630
Site: MENARD
Service:

99213 OFFICE/OUTPATIENT VISIT EST

Based upon a review of the information provided, it is my medical opinion that:
1. The above requested service is not authorized at this time based on the following:

OTHER TREATMENT PLAN

Comments:

patient with chronic folliculitis of occipital area with recurrent superactive infection. Eval'd by Plastics 2-24-17; recommended conservative management. No surgical intervention done at that time.

Request for Plastics eval reviewed by Dr. Ritz. ATP made to discuss at next collegial with current exam details.

From:

Dedicated Utilization Management Physician

2. X Appeal Filed (Date/Time) 08/10/2018 08:58:33

a. Appeal Information

Case discussed in collegial between Dr. Ritz and Dr. Siddiqui. ATP made to wash area with Chlorhexidine soap daily and start Doxycycline x 4-6 weeks. Conservative management already recommended by surgeon.

Signature of Appellant

From:

Dr. Ritz
Dedicated Utilization Management Physician

5. I want a second opinion of the alternate plan.

Signature:

Date/Time:

6. I will re-consult upon completion of alternate medical plan, if indicated.

Signature:

Date/Time:

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WWW.WEXFORDHEALTH.COM

9/26/18

ILLINOIS DEPARTMENT OF CORRECTIONS
Medical Special Services Referral and ReportMenard CC
(Facility)Offender's Name: Doyle, Brian ID# 1341630Reason for Referral: ☐ Consult ☐ Non-Formulary Medications ☐ Medical Equipment
☐ Evaluation ☐ Management
☐ Procedure/service (specify) _____
☐ Other (specify) _____Urgent: ☐ Yes ☒ No

Referred to: _____

Rationale for Referral: Chronic Hydradenitis Occipital
Area - previously opened 2009 -
Has swelling bulging occipital area Tender
no drainage - needs surgery
Dr. M. Siddiqui 9/26/18
Print Referring Practitioner's Name Referring Practitioner's Signature DateFindings: ATP = failed
Report of Referral (Use Reverse Side, if necessary)

Assessment: _____

Recommendations/Plans: _____

Print Practitioner's Name

Practitioner's Signature

Date

Facility Medical Director Use Only

I have reviewed the recommendations and:

☐ Approve.☐ Deny or revise as indicated on the Notification of Medical Service Referral Denial or Revision,
DOC 0255.

Print Facility Medical Director's Name

Facility Medical Director's Signature

Date

WEXFORD HEALTH SOURCES INC.

To: Site Medical Director & HSA
 From: Utilization Management
 Date/Time: 09/28/2018 15:44:46

DELIVERED OCT 01 2018

Subject: Inmate Name: DOYLE, BRIAN
 Inmate Number: B41630
 Site: MENARD
 Service: 99203 OFFICE/OUTPATIENT VISIT NEW

Based upon a review of the information provided, it is my medical opinion that:
 1. The above requested service is not authorized at this time based on the following:

OTHER TREATMENT PLAN

Comments:

patient with chronic folliculitis of occipital area with recurrent superactive infection x 20 years. Multiple draining sinus tracts. I&D done onsite in 1999 and 2010. Hx of IDDM, last Alc was 8.8 on 7-25-18.

Eval'd by Plastics 2-24-17; recommended conservative management. No surgical intervention done at that time. No improvement despite conservative measures including chlorhexidine soap x several years, daily dressing changes, multiple abx including multiple trials of minocyclin, Levaquin, and Bactrim. C&S done 7-5-18 after Bactrim x 2 weeks showing many Proteus mirabilis, rare MRSA, many gram positive organisms in 3 varieties, few gram positive rods. Requesting wound care clinic at St. Elizabeths Hospital.

Request for Wound Care eval reviewed by Dr. Ritz. ATP made to discuss with Dr. Siddiqui when he returns. Continue to treat onsite

From: _____
 Dedicated Utilization Management Physician

2. ☒ Appeal Filed (Date/Time) 09/28/2018 14:47:23

a. Appeal Information

Case discussed between Dr. Ritz and Dr. Siddiqui. ATP made to continue to treat onsite. Currently no open areas on exam. Re-present for wound care telemed if wounds re-open.

 Signature of Appellant

From: Dr. Ritz
 Dedicated Utilization Management Physician

5. ☐ I want a second opinion of the alternate plan.

Signature: _____

Date/Time: _____

6. ☐ I will re-consult upon completion of alternate medical plan, if indicated.

Signature: _____

Date/Time: _____

INFORMATION CONTAINED IN THIS DOCUMENT IS PRIVILEGED AND CONFIDENTIAL

Date 8/30/18

ILLINOIS DEPARTMENT OF CORRECTIONS

Medical Special Services Referral and Report

Menard Correctional Center
(Facility)Offender's Name: Doyle, BrianID# B411630

Reason for Referral: ☐ Consult ☐ Non-Formulary Medications ☐ Medical Equipment
☐ Evaluation ☐ Management
☐ Procedure/service (specify) _____
☒ Other (specify) Wound Care Center

Urgent: ☐ Yes ☐ No(1) Referred to: Wound Care Center to eval and treat

Rationale for Referral: Pt has occipital wound 220 years with Chronic Superinfection with multiple sinus tracks
Pt is an EDDM last Hgb A1C was 7-25-18 at 8.8
Last eval by a surgeon was 2/24/17 who wanted Flw

Dr. M. Siddiqui
Print Referring Practitioner's NameChristine Lindsay FNP-C
Referring Practitioner's Signature8-30-18
Date

Report of Referral (Use Reverse Side, if necessary)

(2) Findings: Chronic occipital infection with draining sinus track 220 years. He has had an I&D on site 1999 & 2010. He has continued to drain off & on in spite of all conservative treatment. He has daily dressing chg with each new I&D opening. He uses chlorhexidine soap for multiple years.
 Assessment: Last culture from 8/14/18 recommended Doxycycline for 4-6 wks. This patient has been treated multiple times with multiple antibiotics including minocycline, Levaquin, Bactrim last dose was Bactrim DS BID x 2 wks

(3) Recommendations/Plans: See attached culture and sensitivity from wound 7-5-18

Request a wound care referral for this patient. There is a wound care center located close in O'Fallon Illinois through St Elizabeth's Hosp - ASHS

Print Practitioner's Name

Christine Lindsay
Practitioner's Signature

Date

Facility Medical Director Use Only

I have reviewed the recommendations and:

☐ Approve.☐ Deny or revise as indicated on the Notification of Medical Service Referral Denial or Revision, DOC 0255.Dr. M. Siddiqui
Print Facility Medical Director's Name

Facility Medical Director's Signature

Date

EX 1 Date 9/7/18

WEXFORD HEALTH SOURCES INCORPORATED

To: Site Medical Director & HSA
 From: Utilization Management
 Date/Time: 09/07/2018 15:24:39
 Subject: Inmate Name: DOYLE, BRIAN
 Inmate Number: B41630
 Site: MENARD
 Service:

DELIVERED SEP 09 2018

99203 OFFICE/OUTPATIENT VISIT NEW

Based upon a review of the information provided, it is my medical opinion that:

1. The above requested service is not authorized at this time based on the following:
 OTHER TREATMENT PLAN

Comments:

patient with chronic folliculitis of occipital area with recurrent superactive infection x 20 years. Multiple draining sinus tracts. I&D done onsite in 1999 and 2010. Hx of IDDM, last Alc was 8.8 on 7-25-18.

Eval'd by Plastics 2-24-17; recommended conservative management. No surgical intervention done at that time. No improvement despite conservative measures including chlorhexidine soap x several years, daily dressing changes, multiple abx including multiple trials of minocyclin, Levaquin, and Bactrim. C&S done 7-5-18 after Bactrim x 2 weeks showing many Proteus mirabilis, rare MRSA, many gram positive organisms in 3 varieties, few gram positive rods. Requesting wound care clinic at St. Elizabeths Hospital.

Request for Wound Care eval reviewed by Dr. Ritz. ATP made to discuss with Dr. Siddiqui when he returns. Continue to treat onsite

From: Dr. Ritz
 Dedicated Utilization Management Physician

 Appeal Filed (Date/Time)

a. Appeal Information

 Signature of Appellant

From: _____
 Dedicated Utilization Management Physician

5. I want a second opinion of the alternate plan.

Signature: _____ Date/Time: _____

6. I will re-consult upon completion of alternate medical plan, if indicated.

Signature: _____ Date/Time: _____

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional

Center

Offender Information:

Doyle

Last Name

Brian

First Name

ID#: B41630

MI

Date/Time	Subjective, Objective, Assessment	Plans
10/16/18	<p>ENP note: Review of Pts Chart from 2/15/14 to 10/12/18 pt has long documented Hx of 1. Uncontrolled BIP 2. uncontrolled blood sugars 3. non-compliance with ADV needs 4. non compliance with ADV diet. 5. non compliance with ADV exercise. 6. long repeated infections Occipital Area > 20 years</p> <p>① - 1. Pt has refused recommended lisinopril with signed refusals for years. CC BIP 9/18/15 140/88 1/11/16 140/12 4/26/16 140/88 8/27/16 146/78, 10/27/17 140/90 2/5/18 158/94 9/26/18 134/84, 10/10/18 126/80 (no meds)</p>	

Distribution: Offender's Medical Record

(cont)

C. J. Jackson ENP

Printed on Recycled Paper

DOC 0084 (Eff. 9/2002
(Replaces DC 7147)

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional

Center

10/16/18

Offender Information:

Doyle

Last Name

Brian

First Name

MI

ID#: B41630

Date/Time	Subjective, Objective, Assessment	Plans
10/16/18	(B) Cont Pt Has Refused med/treat in day #2. Uncontrolled BS 4/15 8.7	
	2/19/16 8.5, 3/24/17 7.8 3/21/18	
	8.9, 7/18/18 8.8. #3, 4 & 5	
	Wt 9/18/15 230 lbs 2/2/16 wt 237	
	9/29/17 246 8/28/18 235 PLS	
	Height 5.7 #6 2016-2018 wand	
	2/5/16 Seen by MD Rx Minocycline	
	100mg x 45 Days. 8/2/16	
	Septra DS BID x 21 Days	
(A)	11/1/16 Had I & D2 Collegial	
	Referral, Sent for Surgery	
	Consult, Recommended Plastics	
	Consult, Seen by Plastics 2/24/17	
	Given Minocycline 100mg BID x	
	2 wks 3/4/17 Collegial Denied	
	Plastics Fw 4/5/17 Plastics	
	Denied by Collegial,	

Chadway FNU

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional

Center

Offender Information:

Doyle

Last Name

Brian

First Name

ID#: B41630

MI

#3

Date/Time	Subjective, Objective, Assessment	Plans
	10/27/17 Referral to Collegial	
	for Plastics Flu Denied	
	6/28/18 Bactrim DS BID x 10	
	Days 7/16/18 Chgd to 250mg x 7	
	Levaquin. Bacteria x	
	Susceptible to Bactrim.	
	7/11/18 Referral to Collegial	
	for Plastics Flu for wound	
	excision / Drainage of area	
	7/24/18 Pt was Denied.	
	8/1/18 Bactrim DS BID	
	x 2 wks. 8/14/18 Plastics	
	Referral Flu Denied. Dr	
	Ritz recommended Doxycycline	
	for 4-6 wks (Tried this 2/5/19	
	2/24/17 unsuccessful)	
	9/11/18 Collegial for wound	Chadway FNP

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional Center

Offender Information:

Doyle
Last NameBrian
First NameID#: B41630
MI

pg 4

Date/Time	Subjective, Objective, Assessment	Plans
	(cont) Care referral was drilled 10/3/18 on site JTB performed. Started on Clindamycin 300mg TID x 10 Days. Pt has taken, in the last 2 years, minocycline x 2 separate times. Bactrim 2 times Levagquin and Clindamycin. Pts Cultures Have shown multiple different organisms Several different susceptibility & resistance.	

EX 1 10/18/18

ILLINOIS DEPARTMENT OF CORRECTIONS
Medical Special Services Referral and Report

Menard Correctional Center
 (Facility)

Offender's Name: Doyle, Brian ID# 641636

Reason for Referral: ☒ Consult ☐ Non-Formulary Medications ☐ Medical Equipment
☒ Evaluation ☐ Management
☐ Procedure/service (specify) _____
☐ Other (specify) _____

Urgent: ☐ Yes ☐ No

(1) Referred to: DR Diaz General Surgeon and Wound Specialist Highland IL

En last 2 yrs only
 Rationale for Referral: PT is a Diabetic with a chronic wound in Occipital area of head. PT has been tx with multiple Antibiotics including minocycline x 45 days in 2016. Also Septa DS For 21 days in August 2016. In 2/24/17 pt was given minocycline Again for 14 days. 8/25/18 he received Bactrim BID for 10 days And Levofloxacin for 7 days 8/1/18 Bactrim x 2 wks 10/31/18 Another IDB And placed on Clindamycin
Dr. M. Siddiqui

Print Referring Practitioner's Name

Referring Practitioner's Signature

Date

Report of Referral (Use Reverse Side, if necessary)

(2) Findings: For last 20 years pt has experienced a wound area back of head with Cellulitis, containing multiple different Flora. The wound area has tunnelled on occassin into the Front jaw area under the skin. PT has had multiple m site IDB + TX Antibiotics. The list above is just from the last 2 years.

Assessment:

Chronic Abscess Occipital area x 2 yrs - multiorganism. Multiple extended antibiotics. Previous surgical intervention failed AT P multiple times - result IDB - Abscess extended

Recommendations/Plans: For PT to be evaluated by General Surgeon
 (3) DR Diaz in Highland IL who is also a wound care specialist

Christine Lindsay FNP-C Christine Lindsay FNP-C 10-18-18
 Print Practitioner's Name Practitioner's Signature Date

Facility Medical Director Use Only

I have reviewed the recommendations and:

☐ Approve.

☐ Deny or revise as indicated on the Notification of Medical Service Referral Denial or Revision, DOC 0255.

Dr. M. Siddiqui

Print Facility Medical Director's Name

Facility Medical Director's Signature

Date

EX1 Date 10/26/18

WEXFORD HEALTH SOURCES INC.

To: Site Medical Director & HSA
 From: Utilization Management
 Date/Time: 10/26/2018 15:55:17

DELIVERED OCT 26 2018

Subject: Inmate Name: DOYLE, BRIAN
 Inmate Number: B41630
 Site: MENARD
 Service: 99203 OFFICE/OUTPATIENT VISIT NEW

Based upon a review of the information provided, it is my medical opinion that:

1. The above requested service is not authorized at this time based on the following:

OTHER TREATMENT PLAN

Comments:

patient with chronic folliculitis of occipital area with recurrent superactive infection x 20 years. Multiple draining sinus tracts. I&D done onsite in 1999 and 2010. Hx of IDDM, last Alc was 8.8 on 7-25-18.

Eval'd by Plastics 2-24-17; recommended conservative management. No surgical intervention done at that time. No improvement despite conservative measures including chlorhexidine soap x several years, daily dressing changes, multiple abx including multiple trials of minocyclin, Levaquin, and Bactrim. C&S done 7-5-18 after Bactrim x 2 weeks showing many Proteus mirabilis, rare MRSA, many gram positive organisms in 3 varieties, few gram positive rods. Requesting wound care clinic at St. Elizabeths Hospital.

Request for Wound Care eval reviewed by Dr. Ritz. ATP made to discuss with Dr. Siddiqui when he returns. Continue to treat onsite

From: _____
 Dedicated Utilization Management Physician

 X Appeal Filed (Date/Time) 10/26/2018 13:08:28

a. Appeal Information

Case reviewed in collegial between Dr. Ritz and Dr. Siddiqui. Blood sugars will need to be under control before patient is a surgical candidate. ATP made to repeat Alc onsite and re-present with results.

 Signature of Appellant

From: Dr. Ritz
 Dedicated Utilization Management Physician

5. I want a second opinion of the alternate plan.
 Signature: _____ Date/Time: _____
 6. I will re-consult upon completion of alternate medical plan, if indicated.
 Signature: _____ Date/Time: _____

INFORMATION CONTAINED IN THIS DOCUMENT IS PRIVILEGED AND CONFIDENTIAL

Offender Outpatient Progress Notes

Center

ID#: B41630

Chinelsky, FARC

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional

Center

Offender Information:

Doyle

Last Name

Brian

First Name

ID#: B41630

MI

Date/Time	FN note: Subjective, Objective, Assessment	Plans
10/16/18 8	<p>S) of dressing D</p> <p>P) Posterior scalp cleansed</p> <p>C betadine + NS. P drainage</p> <p>H tenderness/swelling</p> <p>A) of</p>	<p>P) C/m</p> <p>Autba</p>
10/17/18 8	<p>FN note:</p> <p>S) of dressing D</p> <p>P) Posterior scalp cleansed</p> <p>C betadine + NS. P drainage</p> <p>H tenderness/swelling</p> <p>A) of</p>	<p>P) C/m</p> <p>Autba</p>
10/18/18 8	<p>FN note:</p> <p>S) of dressing D</p> <p>P) Posterior scalp cleansed</p> <p>C betadine + NS. P drainage</p> <p>H tenderness/swelling</p> <p>A) of</p>	<p>P) C/m</p> <p>Autba</p>

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional

Center

A- 10/19/18

Offender Information:

Doyle

Last Name

Brian

First Name

MI

ID#: B4630

Date/Time	Subjective, Objective, Assessment	Plans
10/19/18	OTD note	
8:30 AM		
132	Chronic abscess - Had	
50	incision - drained but now	
16	has stopped draining	
	off antibiotics	
76	Represent to Collegial	
	for wound care clinic	
W. 243	AD Possibly Need Skinfib	
	left Deep clamp	
	10/19/18 at 8:35 AM	Sidelight (H)
	Noted M. Oakley C. H. W.	

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional

Center

Offender Information:

Duffy
Last NameBrian
First Name

MI

ID#: B41630

Date/Time	note: Subjective, Objective, Assessment	Plans
10/19/18 0830	S/O dressing Posterior scalp cleared = betadine + NS. drainage Tenderness/draughting AOP	P) CPM Aubert
10/20/18 11A	CMT Note S Scheduled op head cleaning. O/A cleaned back of head w/ NS. Small open area - & discharge from area at this time. & S/S of infection	P Cont op head cleanings T Cockburn out

ILLINOIS DEPARTMENT OF CORRECTIONS
Offender Outpatient Progress Notes

Menard Correctional Center

RECEIVED

AUG 17 2019

Offender Information:

Doyle

Last Name

Brian

First Name

MI

ID#: B414030

Date/Time	Subjective, Objective, Assessment	Plans
7/11/18	HA Note	
WT 237	Chronic Herpes zoster folliculitis for 20 yrs	
138/86	Had drainage 1999 and	
98	again 2008 or 2010	
97%	Chronic infection & Chronic	
20	drainage - Has been on antibiotic CAS - MRSA	
	OTE Bulging area of Occipital	
	Scalp area & scar NO	
	drainage noted Mar 12 dec	
	Refer to collegial -	
	to consider wide excision?	
	Siddiqui M1	

RECEIVED

APR 18 2019

DEC 11 2018

ADMINISTRATIVE
REVIEW BOARDMENARD CO
CORRECTIONS OFFICENoted:
Reviewed
7/11/18

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional Center

Date 11/06/18

Repeat Treatment

Offender Information:

Doyle

Brian

B41630

Last Name

First Name

MI

ID#:

Date/Time	Subjective, Objective, Assessment	Plans
10/30/18 3:02 pm	Medical Furlough Clerk Note:	
	Patient was presented in collegial on 10/25/18 by Dr. Siddiqui to Dr. Ritz, UM Wexford, for a wound care evaluation. This referral has not been approved at this time. Dr. Ritz would like an ATP made to repeat Alc onsite and re-present with results.	
	E. Prange	
	E. Prange – Med Furlough Clerk	
850 AM 11/06/18	FNP note S. Infection worse now in face again x 3 days last IUD only helped x 1 use Has had Alc upstake Collegial again F/U O- Edmer jaw checks & back for Referral of Head to Erythema um Ref Dr Shaw do touch mild A- Infection Face & Head	P- admit to infirmary Meningococcal 500 mg IV g 8hrs infuse 15-30 min 15 days Levagam 750mg b.i.d x 50g Cellulitis again F/U Clindag FNP-U

Distribution: Offender's Medical Record

Printed on Recycled Paper

DOC 0084 (Eff. 9/2002)
(Replaces DC 7147)

Menard Correctional

Center

Offender Information:

Doyle

Last Name

Brian

First Name

MI

ID#: B41630

Date/Time	Subjective, Objective, Assessment	Plans
11/6/18 1045am	<u>DOCTOR INFIRMARY ADMISSION NOTE</u> By: (Circle one): MD NP PA DDS Licensed Mental Health Professional ACUTE CHRONIC SUBJECTIVE: HISTORY: Chronic Soft tissue infection 20 years occipital area now expanded into Cheeks & jaw last I+D 10-3-18 @ DR Shaw & onsite Antibiotics DURATION: 1 ED now last 3 days OBJECTIVE: PHYSICAL EXAMINATION: (+) erythema mild @ ED now occipital area of head @ expansion tracking into Cheeks jaw around lens bilaterally pt just completed Clindamycin started p I+D CURRENT CONDITION: on 10/3/18	PLAN: VITAL SIGN FREQUENCY: per protocol DIET: Regular Diet ACTIVITY: op ad lib MEDICATION ORDERS: Cont All previous meds + Insulin Start meropenem 500mg IV q 8hrs infuse over 15-30 min X 5 Days Levaquin 750mg po BID X 5 Days OTHER ORDERS: CBC @ Diff, CMP Ref to Dr Shaw for poss I+D h's next clinic
	OTHER MEDICAL CONDITIONS: Diabetes HON ADMITTING DIAGNOSIS/ASSESSMENT: Soft tissue infection Occipital facial area	Clindsay FNP-C

Noted
11/7/18 12:00pm
P. Hannon

ILLINOIS DEPARTMENT OF CORRECTIONS
Offender Infirmary Progress Notes

Menard Correctional Center

Offender Information:

Doyle

Last Name

Briam

First Name

MI

ID#:

B41630

Date/Time	Subjective, Objective, Assessment	Plans
11/7/18	RN Note	Plan: Continue to monitor patient.
340A	S: (Chief Complaint) C	Blued to lab
	O: BP <u>all P flow R chest</u> SPO2 <u> </u> % RA Wt. <u> </u> Mental Status: <u>A+0x3</u> PERRLA: <u>✓</u> Heart: <u>HRR</u> Circulation: <u>⊕</u> Radial Pulses <u>⊕</u> Pedal Pulses <u>⊕</u> Skin (Circle): <u>(Warm)</u> Cool Moist <u>(Dry)</u> Pink Pale Lungs: <u>CTA lil</u> Abdomen: <u>poor BSx4</u> Bladder: <u>voids</u> Wounds: <u>⊕</u> Dressing: <u> </u> Pain: Scale "1-10" <u>0</u> Location: <u> </u> S.L. <u>R hand 5 redness edema</u> Diagnosis Based Assessment: <u>10PB infuses</u> <u>5 difficulty - act w/ L. CBe</u> <u>diff + a up drawn x 1</u> <u>attempt</u>	
	A: Nursing Diagnosis <u>act in comfort</u>	Nurse's Signature: <u>Jan Hanneke</u>

ILLINOIS DEPARTMENT OF CORRECTIONS
Offender Infirmary Progress Notes

Menard Correctional

Center

Offender Information:

Doyle
Last NameBrian
First NameID#: B41630
MI

Date/Time	Subjective, Objective, Assessment	Plans
11/7/18	RN Note	Plan: Continue to monitor patient.
12p	<p>S: (Chief Complaint)</p> <p>Ø complaint voiced</p> <p>O: BP <u>See flow</u> T <u>See flow</u></p> <p>SPO2 <u>See flow</u> % RA <u>See flow</u></p> <p>Mental Status: <u>Ax3</u></p> <p>PERRLA: <u>(=)</u></p> <p>Heart: <u>RRR</u></p> <p>Circulation: <u>(+)</u></p> <p>Radial Pulses <u>(+)</u> Pedal Pulses <u>(+)</u></p> <p>Skin (Circle): <u>(Warm)</u> Cool Moist <u>(Dry)</u> Pink Pale</p> <p>Lungs: <u>CTA bilat</u></p> <p>Abdomen: <u>Soft Ø tender BS. active & equal</u></p> <p>Bladder: <u>SPK voids 5 diff</u></p> <p>Wounds: <u>Ø</u> Dressing: <u>Ø</u></p> <p>Pain: Scale "1-10" <u>Ø</u> Location: <u>Ø</u></p> <p>Diagnosis Based Assessment: <u>S.L to R hand</u> <u>free from redness, warmth</u> <u>or edema TUPB Mephem</u> <u>infused per order 5 diff.</u></p> <p>A: Nursing Diagnosis <u>Ø in comfort</u></p>	
		Nurse's Signature: <u>Amelia</u>

Offender Outpatient Progress Notes

Menard Correctional

Center

Offender Information:

Doyle

Last Name

Brian

First Name

MI

ID#: B411630

Date/Time	Subjective, Objective, Assessment	Plans
11/12/18 7:20 AM	<p>Enp note: Soft tissue infection</p> <p>Pt had Dose of levagun + Meropenem yesterday</p> <p>so pt continues to have mild-moderate edema in occipital area & around ears. facial edema gone. tissue has softened but contains some areas of hardened cystitis cystic bumps at base of heel.</p> <p>pt remains afebrile & on therapy</p> <p>A Soft tissue infection tracking</p>	<p>P- will cont Meropenem 500mg IV q 8hrs x 5 more days + Levagun 750mg po Bid x 5 more days</p> <p>Clinical Enp 11-12-18</p> <p>Unnoted O'mann</p>

Menard Correctional

Center

Offender Information:

Doyle

Last Name

Brian

First Name

MI

ID#: B411630

Date/Time	Subjective, Objective, Assessment	Plans
11/12/19	RN NOTE	Plan: Continue to monitor patient.
12p	S: (Chief Complaint) O: BP _____ P _____ R _____ T _____ SPO2 <u>See flow sheet</u> Mental Status <u>A40x3</u> PERRLA: <u>(=)</u> Heart: <u>RRR</u> Circulation: <u>(+)</u> Radial Pulses <u>(+)</u> Pedal Pulses <u>(+)</u> Skin (Circle): <u>Warm</u> Cool Moist <u>(Dry)</u> Pink Pale Lungs: <u>CTA bilat</u> Abdomen: <u>Soft & tender. BS active & gurgles</u> Bladder: <u>5/12 voids & diff</u> Wounds: <u>φ</u> Dressing: <u>φ</u> Pain: Scale "1-10" <u>φ</u> Location: <u>φ</u>	
	Diagnosis Based Assessment: <u>22G angio remains patent @ 4 forearm. Monopren 50mg ran per MAR & diff. No redness, warmth or edema noted to site. I/m tolerated well.</u>	
	A: Nursing Diagnosis <u>(Cult in skin integrity)</u>	
		Nurse's Signature <u>Amoleen</u>

Center

ID#: 641630

Noted
 (D) 11/14/18

Menard Correctional Center

Offender Information:

Doyle

Brian

B41630

Last Name

First Name

MI

ID#

Date/Time	Subjective, Objective, Assessment	Plans
11/14/18	RN NOTE	Plan: Continue to monitor patient.
1110 AM	S: (Chief Complaint) None	
	O: BP 134/80 P 88 R 16 T 97	
	SPO2 100% RA Wt.	
	Mental Status NO X3	
	PERRLA: =	
	Heart: RRR	
	Circulation: +	
	Radial Pulses + Pedal Pulses +	
	Skin (Circle): Warm Cool Moist Dry Pink Pale	
	Lungs: CTA Bil	
	Abdomen: Soft Non-tender	
	Bladder: Voiding	
	Wounds: 0 Dressing: 0	
	Pain: Scale "1-10" 0 Location:	
	Diagnosis Based Assessment:	
	In-line lock flushed to diff antibiotic infused to diff per m.d. order 'Demis C10	
	A: Nursing Diagnosis	
	Alt in skin integrity	
	Nurse's Signature	

Menard Correctional Center

Doyle Brian MI ID#: 641630

Noted - J. Hannon
11/21/18
1 AM

Center

ID#: DY1630

Can

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional

Center

Offender Information:

Doyle

Last Name

Bryan

First Name

MI

ID#: B41630

Date/Time	Subjective, Objective, Assessment	Plans
11:30 am 12/11/18	FNPR: Return of	Per ATP on 8/14/18
235	Soft tissue infection	will try Doxycycline
89	Occipital area noncomp	Again x 4 weeks
12/17/18	Discharge & exercise has not helped 5-(+1) ↑ of edema	was recently to
97.4	tissue hardening NO	IV meropenem
	pain having occasional	& Levaquin
	discharge in on x 1 week	Collegial appeal
	tissue edema in face	lubrication BID PM x 14
	mild ATT remains	
	afebrile (cont dry skin)	
	A - Soft tissue	
	Infection Chronic	Clinical FNP

ILLINOIS DEPARTMENT OF CORRECTIONS
Medical Special Services Referral and Report

Menard Correctional Center
 (Facility)

Offender's Name: Doyle Brian ID# B41630

Reason for Referral: ☐ Consult ☐ Non-Formulary Medications ☐ Medical Equipment
☐ Evaluation ☐ Management
☐ Procedure/service (specify) _____
☐ Other (specify) _____

Urgent: ☐ Yes ☐ No

Referred to: General Surgeons Highland Clinic

Rationale for Referral: another appeal following appeal denied from 10-26-18.

Since 10/16/18 pt was placed on morphine 50mg IV q 8hrs x 10 days Levamisole 750mg po bid x 16 days. Symptoms improved significantly & pt did 11-30-18 & pt had return of symptoms on 12-5-18 and on 12-11-18 started doxycycline po bid
 Dr. M. Siddiqui Christina Lindsay FRP 12-11-18 x 4 who
 Print Referring Practitioner's Name Referring Practitioner's Signature Date

Report of Referral (Use Reverse Side, if necessary)

Findings: Last Hgb A1C 11-5-18 9.1 pt remains on NPH Insulin (70/30) 30 units BID

Assessment: _____

Recommendations/Plans: _____

Print Practitioner's Name

Practitioner's Signature

Date

Facility Medical Director Use Only

I have reviewed the recommendations and:

☐ Approve.

☐ Deny or revise as indicated on the Notification of Medical Service Referral Denial or Revision, DOC 0255.

Dr. M. Siddiqui

Print Facility Medical Director's Name

Facility Medical Director's Signature

Date

12/17/18

WEXFORD HEALTH SOURCES INCORPORATED

To: Site Medical Director & HSA
From: Utilization Management
Date/Time: 12/17/2018 16:00:50
Subject: Inmate Name: DOYLE, BRIAN
Inmate Number: B41630
Site: MENARD
Service:

DELIVERED DEC 18 2018

99203 OFFICE/OUTPATIENT VISIT NEW

Based upon a review of the information provided, it is my medical opinion that:

1. The above requested service is not authorized at this time based on the following:

OTHER TREATMENT PLAN

Comments:

12-14-18 Received request for gen surg eval for a patient with chronic folliculitis of occipital area with recurrent superactive infection x 20 years. Multiple draining sinus tracts. I&D done onsite in 1999 and 2010. Hx of IDDM, A1c was 8.8 on 7-25-18. Eval'd by Plastics 2-24-17; recommended conservative management. No surgical intervention done at that time. No improvement despite conservative measures including chlorhexidine soap x several years, daily dressing changes, multiple abx including multiple trials of minocyclin, Levaquin, and Bactrim. Discussed in collegial with Dr. Ritz and Dr. Siddiqui and agreed to ATP for better A1c control (latest A1c 9.1 on 11/5/18), and doxycycline x 3-4 months. There is no obvious abscess.

From: _____
Dedicated Utilization Management Physician

Dr Ritz

-
2. _____ Appeal Filed (Date/Time)
a. Appeal Information

Signature of Appellant

From: _____
Dedicated Utilization Management Physician

5. _____ I want a second opinion of the alternate plan.
Signature: _____ Date/Time: _____
6. _____ I will re-consult upon completion of alternate medical plan, if indicated.
Signature: _____ Date/Time: _____

INFORMATION CONTAINED IN THIS DOCUMENT IS PRIVILEGED AND CONFIDENTIAL

Date 3/22/19

Appeal Granted

WEXFORD HEALTH SOURCES INC.

To: Site Medical Director & HSA
From: Utilization Management
Date/Time: 03/22/2019 15:52:15

DELIVERED MAR 25 2019

Subject: Inmate Name: DOYLE, BRIAN
Inmate Number: B41630
Site: MENARD
Service:

99203 OFFICE/OUTPATIENT VISIT NEW

Based upon a review of the information provided, it is my medical opinion that:
1. The above requested service is not authorized at this time based on the following:

OTHER TREATMENT PLAN

Comments:

12-14-18 Received request for gen surg eval for a patient with chronic folliculitis of occipital area with recurrent superactive infection x 20 years. Multiple draining sinus tracts. I&D done onsite in 1999 and 2010. Hx of IDDM, A1c was 8.8 on 7-25-18. Eval'd by Plastics 2-24-17; recommended conservative management. No surgical intervention done at that time. No improvement despite conservative measures including chlorhexidine soap x several years, daily dressing changes, multiple abx including multiple trials of minocyclin, Levaquin, and Bactrim. Discussed in collegial with Dr. Ritz and Dr. Siddiqui and agreed to ATP for better A1C control (latest A1C 9.1 on 11/5/18), and doxycycline x 3-4 months. There is no obvious abscess.

From:

Dedicated Utilization Management Physician

2. ☒ Appeal Filed (Date/Time) 03/22/2019 12:07:49

a. Appeal Information

Case reviewed by Dr. Meeks. Approved for Gen Surg Eval.

Auth 807628522

Signature of Appellant

From:

Dr. Meeks
Dedicated Utilization Management Physician

5. ☐ I want a second opinion of the alternate plan.
Signature: _____

6. ☐ I will re-consult upon completion of alternate medical plan, if indicated.
Signature: _____ Date/Time: _____
Date/Time: _____

INFORMATION CONTAINED IN THIS DOCUMENT IS PRIVILEGED AND CONFIDENTIAL

Foster Plaza4 - 501 Holiday Drive - Pittsburgh, PA 15220
377-939-2884 or 800-353-8384 - Phone 412-937-9151 - Fax
WWW.WEXFORDHEALTH.COM

Facility Information**B41630**

Service Area	Address	City	State	Zip Code
HSHS IL	4936 LaVerna Road	SPRINGFIELD	IL	62707

PERFORMING DEPT: St. Joseph's Ultrasound

Patient Information

Patient Name	Sex	DOB	Home Phone
Doyle, Brian (58559881)	Male	9/19/1968	999-999-9999

Order Information

Order Date	Study Date	Ordering Provider
6/20/2019	6/20/2019	DIAZ, JOSE A

Results

US SOFT TISS HEAD OR NECK (Order 166204511)

Additional

Details	Routing
---------	---------

6/20/2019 10:27 AM - User, Interface883307

Result Info

Result Status	Authenticating Provider	Date	Time
Final result	GELMAN, MIGUEL A	6/20/2019	10:26 AM

Study Result

IMAGING STUDIES: US SOFT TISS HEAD OR NECK

DATE: 6/20/2019 9:41 AM

COMPARISON STUDIES: No previous exams available

CLINICAL HISTORY: cyst- to determine depth . Occipital region, scalp.

FINDINGS:

Real-time ultrasound examination performed by the ultrasonographer demonstrates:

Within the occipital scalp and base of the neck, this is a year of subcutaneous heterogeneous fluid, located 9 mm from the skin surface, extends horizontally for 16 cm and cephalocaudal dimension of 5.3 cm, has a maximum thickness of 8 mm.

IMPRESSION:

1. Subcutaneous fluid collection within the occipital scalp as described above, differential diagnosis include seroma versus hematoma versus

Doyle, Brian (MR # 58559881)

Encounter Date: 06/20/2019

recurrent abscess.

Electronically Signed By: Miguel Gelman on 6/20/2019 10:26 AM

Interpreted By: Miguel Gelman, 6/20/2019 10:23 AM

Imaging

US SOFT TISS HEAD OR NECK (Order: 166204511) - 6/20/2019

Order Questions

Question	Answer	Comment
What Hospital Division will the patient go to for their test	HSBS SID	
What site in HSBS SID will the patient want their study/test?	SJH - St. Joseph - Highland	
Related History and Symptoms:	cyst	
Is this being ordered for post thyroid cancer?	No	
If ordered to evaluate a lump, please specify the location.	back of neck/head	
Reason for Exam	cyst- to determine depth	

Transcription Short Report

US SOFT TISS HEAD OR NECK (Order #166204511) on 6/20/19

Reason For Exam

Priority: Routine

cyst- to determine depth

Dx: Follicular cyst of the skin and subcutaneous tissue, unspecified [L72.9 (ICD-10-CM)]

Result Routing Audit Trail

Technologist Name

LUEBBERS, LAUREN M

Order Transmittal Tracking

US SOFT TISS HEAD OR NECK (Order #166204511) on 6/20/19

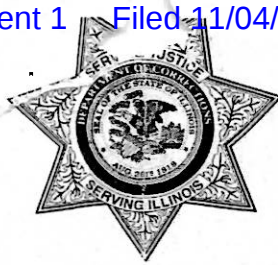
Reprint Report

US SOFT TISS HEAD OR NECK (Order #166204511) on 6/20/19

Doyle, Brian (MR # 58559881)

Encounter Date: 06/20/2019

JB Pritzker
Governor



John Baldwin
Acting Director

The Illinois Department of Corrections

Menard Correctional Center
711 Kaskaskia Street • Menard, IL 62259 • (618) 826-5071 TDD: (800) 526-0844

MEMORANDUM

DATE: February 13, 2019
TO: Offender Brian Doyle, B41630
FROM: Angela Crain, RN Director of Nurses
SUBJECT: Collegial Appeal

Offender Doyle B41630 I am in receipt of your letter and as the acting HCUA I submitted a collegial appeal that included your history regarding your medical issue to Dr. Meeks, State Medical Director. Dr. Meeks, State Medical Director agrees that you need definitive treatment. Once we receive the authorization number from Wexford you will be scheduled with the general/plastic surgeon.

Dr. Siddiqui, Facility Medical Director

Angela Crain, RN Director of Nurses

Mission: To serve justice in Illinois and increase public safety by promoting positive change in offender behavior, operating successful reentry programs, and reducing victimization.

www.illinois.gov/idoc

Exhibit Three



January 11, 2019

Mr. Brian Doyle #B41630
Menard Correctional Center
P.O. Box 1000
Menard, IL 62259

Subject: Your Recent Letter

Dear Mr. Doyle:

We are in receipt of your recent letter.

Please remember to follow the established sick call process and grievance procedure at the facility to have your medical concerns addressed.

Please be assured that the medical staff at Menard C.C. is comprised of qualified and dedicated professionals who are there to assist your medical needs.

Very truly yours,

Wexford Health Sources, Inc.
Risk Management Department



September 21, 2018

Mr. Brian Doyle #B41630
P.O. Box 100
Menard, IL 62259

Subject: Your Recent Letter

Dear Mr. Doyle:

We are in receipt of your recent letter.

Please remember to follow the established sick call process and grievance procedure at the facility to have your medical concerns addressed.

Please be assured that the medical staff at Menard is comprised of qualified and dedicated professionals who are there to assist your medical needs.

Very truly yours,

Wexford Health Sources, Inc.
Risk Management Department

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

Date: <u>8-15-18</u>	Offender: <u>BRIAN DOYLE</u> (Please Print)	Aug 17 2018	ID#: <u>B41630</u>
Present Facility: <u>MENARD CORR CENTER</u>	Facility where grievance issue occurred: <u>MENARD CORR CENTER</u>		
NATURE OF GRIEVANCE: <u>327-8-18</u>			
<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time	<input type="checkbox"/> ADA Disability Accommodation
<input type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input checked="" type="checkbox"/> Medical Treatment	<input type="checkbox"/> HIPAA
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Other (specify): _____		
<input type="checkbox"/> Disciplinary Report: _____	Date of Report: _____ Facility where issued: _____		
Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.			
Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to: Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor. Chief Administrative Officer, only if EMERGENCY grievance. Administrative Review Board, only if the issue involves protective custody, involuntary administration of psychotropic drugs, issues from another facility except medical and personal property issues, or issues not resolved by the Chief Administrative Officer.			
Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved): <u>ON 6-27-18 I informed my gallery officer C/O Lindsey (Gallery West House) I WAS HAVING PROBLEM WITH MY HEAD. AT THE TIME THE ENTIRE LEFT SIDE OF MY FACE AND HEAD WAS SWOLLEN C/O Lindsey Related THE INCIDENT TO Sgt Smith WHO CALL THE H.C.U BEFORE SENDING ME OVER THERE. THE H.C.U REFUSED TO TREAT ME SAYING THEY ARE AWARE OF MY PROBLEM WITH MY HEAD BECAUSE IT IS A CHRONIC PROBLEM AND TOLD Sgt Smith THAT I WOULD BE PUT ON SICK CALL. HOWEVER MY HEAD HAD NEVER BEEN THAT SWOLLEN AND WITHOUT BEEN EXAMINED BY NO ONE, Sgt Smith SAID HE INFORMED THEM ON HOW BAD IT WAS!</u>			
Relief Requested: <u>FIRST A ONE MAN CELL SO I CAN KEEP THE Hole CLEAN (2) TO HAVE SURGERY ON MY HEAD (3) OR TRANSFERRED TO LINCOLN CORR CENTER OR DIXON CORR CENTER WHICH HAS A VERY GOOD H.C.U</u>			
<input type="checkbox"/> Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.			
<input type="checkbox"/> Check if this is NOT an emergency grievance.			
Offender's Signature: <u>Brian Doyle</u>		ID#: <u>B41630</u>	Date: <u>08/14/2018</u>

(Continue on reverse side if necessary)

Date Received: <u>8/20/18</u>	Counselor's Response (if applicable)
<input type="checkbox"/> Send directly to Grievance Officer	<input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277
Response: <u>See attached response from Healthcare.</u>	
C. Richmond	
Print Counselor's Name	C. Richmond
	Date of Response: <u>12.3.18</u>

EMERGENCY REVIEW

Date Received: _____	Is this determined to be of an emergency nature?	<input type="checkbox"/> Yes; expedite emergency grievance
		<input type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.
Chief Administrative Officer's Signature: _____		Date: _____

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REVIEW BOARD

LATER THAT DAY WHILE DOING HER ROUNDS FOR INSULIN ^{AROUND 1:00 PM} (NURSE) HEATHER MCGEE ASK ME TO TURN AROUND AND SHOW HER MY HEAD SO SHE CAN GET A VISUAL, PUSS SHOT OUT MY HEAD RAN DOWN MY NECK (WITNESS C. LINDSEY MY MATE PEOPLE WHO WAS MY C-DATE AT THE TIME) HOWEVER I WAS REFUSE TREATMENT AGAIN AND WAS TOLD SHE WAS GOING RIGHT AWAY A LET H.C.U KNOW THAT I NEEDED TO SEE A DOCTOR!

ON THE SAME DAY AROUND 8:00 PM A NURSE CAME TO MY CELL AND INFORM ME THAT I WOULD BE PUT ON SICK CALL FOR THE NEXT MORNING AND THAT NURSE PRACTITIONER MOLDENHOWER HAD ORDERED ANTI-BIOTICS FOR ME, AND I INFORMED HER THAT I HAD NOT EVEN BEEN EXAMINED BY ANYBODY TO BE ORDERED MED'S

THEN I SHOWED HER MY HEAD AND HOW BAD PUSS WAS RUNNING OUT YET AGAIN SHE DID NOTHING (AND ONCE AGAIN VIOLATING MY EIGHTH AMENDMENT RIGHTS UNDER THE UNITED STATES CONSTITUTION ON 6-28-18 I WAS SEEN BY NURSE NICHOLE WHO MADE THE ATTEMPT TO DRAIN THE PUSS FROM MY HEAD, THE PUSS WAS TOO MUCH FOR HER IN THAT SMALL SICK CALL ROOM AND AT THAT POINT SHE CALLED H.C.U REQUESTING THAT I BE TAKEN TO THE H.C.U AT THE HCU I WAS SEEN BY FIRST AID NURSE WHO FINISH PUSHTING A LOT OF PUSS FROM MY HEAD

THE NURSE ALSO GATHER A SAMPLE, AND LATER WHEN I GOT BACK FROM H.C.U. WAS INFORM THAT I WAS MOVING (RETALIATION) FROM THE PUSS THAT WAS PUT UP WHEN THEY TOLD ME I WAS NOT GOING TO SEE THE DOCTOR THE DAY BEFORE SEVERAL DAY LATER A NURSE CAME TO THE CELL AND TOLD ME THAT I WAS DIAGNOSED FOR THE INFECTION MRSA WHICH IS A VERY CONTAGIOUS INFECTION

THIS ALL STARTED FROM THE SWEET GLAN'S TRAPPING THE HAIR UNDER MY ~~SKIN~~ YEARS AGO IN STATEVILLE (2000) I HAD A BUMP IN THE BACK OF MY HEAD THE DOCTOR MY AN INCISION IN MY HEAD PULLED THE HAIR AND PUCK IT AND IT CLOSED. I WAS TRANSFERRED TO MENARD IN 2005 AND THE BUMP STARTED COMING BACK THE END OF 2008-2009 I INFORMED HCU AND ONCE AGAIN THEY MADE A SMALL INCISION DRAIN IT BUT THIS TIME THE HOLE DID NOT CLOSED (YES I HAD A SMALL HOLE IN MY HEAD SINCE 2009) BUT IT DID NOT BOTHER ME SO I SAID FORGET IT

IN 2016 I INFORMED H.C.U THAT I WAS HAVING A BIG PROBLEM BECAUSE THE BUMP HAD GOTTEN OUT OF AND WAS STARTING TO BOTHER THE WAY I SLEEP I WAS ONLY GETTING 2-3 HOURS A DAY I WAS IN THAT MUCH PAIN

CONT: NEXT PAGE

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

DATE: 8-14-18 OFFENDER: BRIAN DOYLE AUG 17 2018 ID#: B41630

Present Facility: MENARD CORR CENTER Facility where grievance issue occurred: MENARD CORR CENTER

NATURE OF GRIEVANCE:

☐ Personal Property ☐ Mail Handling ☐ Restoration of Good Time ☐ ADA Disability Accommodation
☐ Staff Conduct ☐ Dietary ☒ Medical Treatment ☐ HIPAA
☐ Transfer Denial by Facility ☐ Other (specify): _____

☐ Disciplinary Report: _____ Date of Report: _____ Facility where issued: _____

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:
 Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.
 Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.
 Chief Administrative Officer, only if EMERGENCY grievance.
 Administrative Review Board, only if the issue involves protective custody, involuntary administration of psychotropic drugs, issues from another facility except medical and personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):
 I WAS PUT IN TO SEE DR. TRUST, WHO AT THE TIME NOTICE THE HOLE WAS LEAKING AND ORDERED DRESSING CHANGES AND PUT ME IN TO SEE A SURGEON WHICH TOLD HIM THAT I NEEDED SURGERY BUT WAXFORD DENIED ME SURGERY SAYING TO CONTINUE TREATMENT ON SITE
 LATER THAT YEAR I WAS SENT TO SEE A SURGEON AGAIN WAXFORD DENIED SAYING CONTINUE TREATMENT ON SITE
 NURSE SOUTH THEN INFORM THEM THAT THE PUSS COMING OUT OF MY HEAD MIGHT BE MRSA AND I STILL DID NOT GET THE CARE I NEEDED

Relief Requested: FIRST A ONE MAN CELL SO I CAN KEEP MY HOLE CLEAN (END) TO HAVE SURGERY ON MY HEAD 3RD OR TRANSFERRED TO LINCOLN OR DIXON CORRECTIONAL CENTERS WHICH HAS VERY GOOD H.C.U.

☐ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.
☐ Check if this is NOT an emergency grievance.

Brian Doyle B41630 08/14/2018
 Offender's Signature ID# Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable)

Date Received: _____ ☐ Send directly to Grievance Officer ☐ Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277

Response: _____

Print Counselor's Name Counselor's Signature Date of Response

EMERGENCY REVIEW

Date Received: _____ Is this determined to be of an emergency nature? ☐ Yes; expedite emergency grievance ☐ No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.

Chief Administrative Officer's Signature Date

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I AM CURRENTLY DIAGNOSED FOR THE INFECTION MRSA WHICH IS VERY CONTAGIOUS THIS IS AN ONGOING PROBLEM WITH A HOLE IN MY HEAD IT VERY EASY FOR ANY KIND OF GERMS TO GET INTO MY HEAD AND THAT IS JUST WHAT HAPPENED. I AM GETTING TO OLD AND CAN NOT DEAL WITH THE PAIN LIKE I COULD WHEN I WAS YOUNGER AND THIS COULD POSSIBLY GET WORSE IF IT GET INTO MY BLOOD STREAM, AND BY PEOPLE NOT WANTING TO DO THEIR JOB IT ALSO GET VERY DANGEROUS FOR MY CELLIE. WITH A HOLE IN MY HEAD THAT HAS TURN TO MRSA TWICE (2016 & 2018) I SHOULD NOT HAVE A CELLIE WE HAS TO SHARE A SINK IN WHICH I HAVE TO WORRY ABOUT NOT JUST HIS GERMS BUT MINE TOO.

HE WASHES HIS CLOTHS BRUSHES HIS TEETH WASHES HIS HANDS. AFTER USING THE TOILET ~~AND~~ AND WASHES HIS ~~AND~~ BOWL'S LOT'S OF THINGS THAT IS UNSANITARY AND VERY DANGEROUS FOR ME SO DR SIDDQUI WAS TRYING TO HELP BY GIVING ME DRESSING CHANGES DAILY BUT NURSE ANGIE WATER DECIDED ON HER OWN THAT I DID NOT NEED IT AND THAT I COULD DO IT MYSELF WELL IF INMATES COULD DO MEDICAL WORK THEMSELVES WE WOULD NOT NEED NURSES LIKE HER.

THE DR. ORDERED THIS BECAUSE HE THOUGHT I NEEDED IT SHE IS NO DOCTOR SHE CAME TO MY CELL AND TOLD ME SHE WAS NOT GOING TO CLEAN MY HEAD THAT THEY GIVE ME CHLORHEXIDONE SHE WILL GIVE ME COTTON SWAB AND I CAN DO IT MYSELF. I INFORM HER THAT I WAS ON THAT AND I STILL GOT MRSA, BECAUSE I HAVE A HOLE IN MY HEAD AND SHARING A SINK WITH SOMEBODY AND IN ORDER TO KEEP IT CLEAN THE DOCTOR ORDERED DRESSING CHANGES AND IT SEEM SHE IS THE ONLY ONE WITH THE PROBLEM OF CLEANING MY HEAD, THERE ARE A FEW SPECULATION ONE MOVE ME OUT OF THE CELLHOUSE SHE IS WORKING (2) GIVE ME A ONE MAN CELL THAT WAY I KNOW I SHOULD NOT GET INFECTED AGAIN DR (3) GIVE ME A SHOWER ON THE GALLERY AND THEY DO NOT HAVE SHOWERS ON THE GALLERY IN THE EAST HOUSE AND IF YOU GIVE ME A SHOWER ONCE A WEEK EVERY DAY SO I CAN CLEAN MY HEAD THE CLOS IS GOING START COMPLAINTING.

MY PROBLEM IS I AM AFRAID THAT MY CELLIE ~~COULD~~ COULD GET INFECTED IT IS ALREADY CAUSING CONFUSION BETWEEN US TO THE POINT WE DO NOT TALK TO ONE ANOTHER! BUT MY RIGHT'S HAS BEEN VIOLATED DURING ALL THIS.

EXHIBIT'S ATTACH

SO YOU CAN SEE HOW LONG I HAVE BEEN DEALING WITH THIS AND IF YOU CHECK MY FILES IT GOES BACK FURTHER!

Bruce Rauner
Governor



John Baldwin
Acting Director

The Illinois Department of Corrections

Menard Correctional Center
711 Kaskaskia Street • Menard, IL 62259 • (618) 826-5071 TDD: (800) 526-0844

MEMORANDUM

DATE: December 1, 2018
TO: Clara Richmond, Correctional Counselor
FROM: Angela Crain, RN Director of Nurses
SUBJECT: Grievance #327-8-18 Doyle, Brian B41630

Dr. Siddiqui and I are in receipt of the grievance for Offender Brian Doyle B41630 Grievance #327-8-18 dated 8/14/2018 concerning medication treatment. The offender reports that he has ongoing issues with a "hole" in the back of his head since year 2000. I have reviewed the offender medical record and the first recent complaint of the area swelling on the back of his head was noted on 06/27/2018. The nursing documentation in the offender medical record indicates that the nurse assigned to the offender's cell house was completing the dressing change. The offender was admitted to Menard Infirmary on 11/06/2018 for treatment of the infected area. The offender was discharged from the infirmary on 11/17/2018. The offender continued to have issues with this area until 11/27/2018 at which time NP Lindsay discontinued the daily dressing change due to the area being closed. NP Lindsay has continued the hibiclens wash to the area daily. The offender should report any change to this area to the nurse assigned to his cell house via nurse sick call.


Dr. Siddiqui, Facility Medical Director


Angela Crain, RN Director of Nurses

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DEC 11 2018

MENARD CC

GRIEVANCE

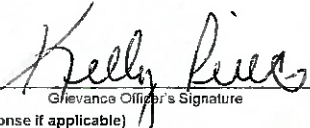

Mission: To serve justice in Illinois and increase public safety by promoting positive change in offender behavior, operating successful reentry programs, and reducing victimization.

www.illinois.gov/idoc

#3

ILLINOIS DEPARTMENT OF CORRECTIONS
RESPONSE TO OFFENDER'S GP

E-1-05

Grievance Officer's Response		
Date Received: 12/11/2018	Date of Review: 04/02/2019	Grievance # (optional): 327-8-18
Offender: <u>File, Brian</u>	ID#: B41630	
Nature of Grievance: Medical - Treatment Of Hole In Head		
Facts Reviewed: Grievance dated 8-14-18 Offender grieves cell house staff contacted the Health Care Unit on his behalf on 6-27-18 regarding swelling to his face and head and was told he would be placed on sick call. Offender states he showed his head to the nurse later while she was making afternoon rounds and again later that night. Offender was advised he was on sick call for the next day and the NP ordered antibiotics. Offender was told he had MRSA. Offender refers to the history surrounding his head issues. Offender attached 54 pages (renumbered by Grievance Office for tracking as attachments). Relief requested: One man cell, surgery, transfer. Counselor received and forwarded to the Health Care Unit for review and reply. The Health Care Unit advised the following in a response memo dated 1-29-19: Offender was referred (8-10-18) and not approved by collegial for a plastics evaluation. Per Dr. Ritz, offender was evaluated by plastics on 2-24-2017 and recommended conservative management. On 9-6-18 and 9-27-18 a request for wound care evaluation was not authorized by Dr. Ritz. On 10-26-18 he was not authorized for general surgeon and wound specialist. It was noted that blood sugar will need to be under control before patient is a surgical candidate. On 12-14-18 his case was presented in collegial for general surgery. Dr. Ritz did not approve and recommended better A1C control and Doxycycline.		
Recommendation: <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;"> Kelly Pierce <small>Print Grievance Officer's Name</small> <small>(Attach a copy of Offender's Grievance, including counselor's response if applicable)</small> </div> <div style="width: 30%; text-align: center;"> Menard Correctional Center <small>Grievance Officer's Signature</small> </div> <div style="width: 30%; text-align: center;">  <small>Grievance Officer's Signature</small> </div> </div>		
Chief Administrative Officer's Response		
Date Received: 04/04/2019 <input checked="" type="checkbox"/> I concur <input type="checkbox"/> I do not concur <input type="checkbox"/> Remand		
Action Taken: MOOT. Per Medical, offender was treated (including admitted to HCU) until area was noted as "closed" on 11-27-18. Offender advised to report any change to medical via sick call request.		
 <small>Chief Administrative Officer's Signature</small>		4.5.19 <small>Date</small>
Offender's Appeal To The Director		
I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must, within 30 days after the date of the Chief Administrative Officer's decision, be received by the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response if applicable, and any pertinent documents.)		
_____ <small>Offender's Signature</small>	_____ <small>ID#</small>	_____ <small>Date</small>

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REVIEW BOARD

ILLINOIS DEPARTMENT OF CORRECTIONS
RESPONSE TO OFFENDER'S GRIEVANCE (Continued)

An additional Health Care response dated 12-1-2018 states offender reports an ongoing issue with a hole in the back of his head since year 2000. The first recent complaint of the area swelling on the back of offender head was noted on 6-27-2018. The nursing documentation in the medical record indicates the nurse assigned to the offender cell house was completing the dressing change. Offender was admitted to the Menard Infirmary on 11-06-2018 for treatment to the infected area. Offender was discharged from the Infirmary on 11-17-2018. The offender continued to have issues with this area until 11-27-2018, at which time NP Lindsay discontinued the daily dressing change due to the area being closed. NP Lindsay has continued the Hibiclens wash to the area daily. The offender advised to report any change to his nurse assigned to his cell house via nurse sick call.

Offender should contact his assigned Counselor and request to be submitted for a transfer review. 0360 records indicate offender was last denied a transfer 4-27-2015. Transfers are an administrative decision.

Placement/housing is an administrative decision.

ILLINOIS DEPARTMENT OF CORRECTIONS

Administrative Review Board

Return of Grievance or Correspondence

Offender: Doyle Last Name Brian First Name B41630 MI ID#

Facility: Menard

☐ Grievance: Facility Grievance # (if applicable) 327-8-18 Dated: 8/1/2018 or ☐ Correspondence: Dated:

Received: 4/18/2019 Date Regarding: Tr: Want transferred to Lincoln or Dixon for medical treatment of hole in head as of 6/27/18.

The attached grievance or correspondence is being returned for the following reasons:

Additional information required:

- ☐ Provide your original written Offender's Grievance, DOC 0046, including the counselor's response, if applicable.
- ☐ Provide a copy of the Response to Offender's Grievance, DOC 0047, including the Grievance Officer's and Chief Administrative Officer's response, to appeal; if timely.
- ☐ Provide dates when incidents occurred.
- ☐ Unable to determine nature of grievance or correspondence; submit additional specific information. Please return the attached grievance or correspondence with the additional information requested to:
Administrative Review Board, Office of Inmate Issues, 1301 Concordia Court, Springfield, IL 62794-9277

Misdirected:

- ☐ Contact your correctional counselor or Field Services regarding this issue.
- ☐ Request restoration of Statutory Sentence Credits to Adjustment Committee. If the request is denied by the facility, utilize the offender grievance process outlined in Department Rule 504 for further consideration.
- ☐ Contact the Record Office with your request or to provide additional information.
- ☐ Personal property and medical issues are to be reviewed at your current facility prior to review by the Administrative Review Board.
- ☐ Address concerns in a letter to: Illinois Prisoner Review Board, 319 E. Madison St., Suite A, Springfield, IL 62706

No further redress:

- ☐ Award of Earned Discretionary Sentence Credit is a discretionary administrative decision; therefore, this issue will not be addressed further.
- ☒ Administrative transfer denials are discretionary administrative decisions; therefore, this issue will not be addressed further.
- ☐ Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue will not be addressed further.
- ☐ Administrative Review Board received the appeal 30 days past date of Chief Administrative Officer's decision; therefore, this issue will not be addressed further.
- ☐ This office previously addressed this issue on Date
- ☐ No justification provided for additional consideration.

Other (specify):

Completed by: Dave White Print Name  Signature 4/22/2019 Date

Greeting's Administrative Review Board

By THE time you receive THIS letter I Hope it find you well!

THE REASON for THIS letter is to ReBut THE GRIEVANCE officer Response to My GRIEVANCE, first THIS is ABOUT THE Hole THAT WAS in My HEAD, But THE Hole WAS NOT THE MAIN PROBLEM, it WAS A PROBLEM BUT NOT THE MAIN PROBLEM, THE SWEAT GLANDS in My HEAD HAS TRAP AN ENORMOUS AMOUNT of HAIR in My HEAD THAT keep getting infected, AND THE HEALTH CARE UNIT HAS to MAKE AN INCISION TO DRAIN it AND Relieve THE PRESSURE

check Medical files in GRIEVANCE, it HAS Been Done THREE (3) TIME'S THE Hole keep it from swell so Much Because it would DRAIN it self!

THE Hole WAS left on ONE of THOSE INCISION when we went on LOCKDOWN AND THE Refuse to See AnyBody (see Medical file)

BUT AS I sit Right now My Head & face is still Swollen, SO I would Like to Move THIS GRIEVANCE forward for your Help

THE REASON I ASK for A TRANSFER OR A ONE MAN Cell was for Medical Reason first THE TRANSFER WAS TO somewhere & I THINK will give Me Better Medical Treatment THAN MENARD Correctional center

And the one Man call is so My Head would not get infected Again, They say it closed now But He said THAT LAST TIME And if you EXAMINE My Head carefully it would prove My point. Some of These people DO NOT need to be in Health care! Attached is A copy of THE letter I Received from the Health care Administration, Stating THE HCR And THE State Medical Director SAY THAT I DEFINITIVE need Medical treatment THAT WAS on Feb 13 2019 it is April 13 2019 AND I AM still in pain Also it HAS An Attached form Stating the treatment But the N.P. Has informed Wexford twice THAT THE Med's DO NOT WORK! And I need Surgery, Those paper ARE in other Medical file Did NOT know if I could Add THEM OR NOT. CAN you please TURN THIS into A EMERGENCY GRIEVANCE And ANSWER it Quickly! THANK you Very Much!

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**ADMINISTRATIVE
REVIEW BOARD**

Brian Doyle B41630
MENARD CORRECTIONAL CENTER
P.O. Box 1000
Menard IL 62259

IN THE
UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF ILLINOIS

Brian Doyle
Plaintiff

Vs.

Case No. New Complaint

Steve Ritz et al
Defendant

NOTICE OF FILING

TO: U.S. Dist/ Court
Southern Dist/ Ill/Nois

TO: _____

TO: _____

TO: _____

PLEASE TAKE NOTICE that on Oct. 21, 20 19, I have placed the documents listed below in the institutional mail at _____ Menard Correctional Center, properly addressed to the parties listed above for mailing through the United States Postal Service.

I E Filed the Complaint And Exhibits At m.c. law library

DECLARATION UNDER PENALTY OF PERJURY

Pursuant to 28 USC 1746, 18 USC 1621, or 735 ILCS 5/1-109, I declare under penalty of perjury that I am a named party in the above action, that I have read the above documents, and that the information contained therein is true and correct to the best of my knowledge.

DATE: 10/21/19

/s/ Brian Doyle
NAME: Brian Doyle
IDOC# B 41630
Menard Correctional Center
P.O. Box 1000
Menard, IL 62259